THE LANCET.

VOL. II.] LONDON, SATURDAY, JULY 16, 1836. [1835-36.

LECTURES ON PHRENOLOGY,

DELIVERED IN 1836, IN THE

UNIVERSITY OF PARIS,

BY

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LECTURE IV.*

GENTLEMEN: It now remains for me to say a few words to you respecting the ideas entertained by the ancients on the subject of the brain, before we arrive at the localization of its faculties; in other words, we must complete the history of phrenology.

Five hundred years before the present era, PYTHAGORAS said that the body and blood were the seat of a vegetative and a sentative soul, but that the head contained the rational soul of man. DEMOCRITUS sustained the same opinion. PLATO also described the reasoning soul as residing in the head, but he placed the passions in different viscera, an idea which prevailed for a long time after him. The active principle, setting the brain and viscera in motion, was described as a *πνευμα*. But you may ask me, "What was this *pneuma?*" The ancients called it the "universal soul," "a vital movement animating all nature." This furnished the brain and senses with a kind of *aura*, constituting the element of their activity. The doctrine now alluded to is one of the most ancient; but how is this *pneuma* formed? By subtilization. The ancient philosophers imagined the existence of some extremely fine aerial body, imperceptible to the senses; this was endowed with an extraordinary degree of activity. Thus you see how the ancients had, in some measure, divined our "imponderables." However, the brain acted as a magazine for this "aura," which gave rise to the intellectual faculties, for the passions, as we have said, were quartered in *the viscera*. ARISTOTLE seems to have changed his ideas on several occasions, or, at least, to have expressed himself in different ways, when treating of the functions of the brain. I confess to you that want of time has prevented me from examining deeply into the opinions of ARISTOTLE; however, I shall lay before you a short account of what other writers have done upon this subject. ARISTOTLE seems at first to have adopted the idea that the brain was nothing but a gland secreting a certain humour destined to refresh the blood. HIPPOCRATES entertained very nearly the same notion. Hence, when this gland was too large, the temperament became too moist, and a voluminous head was regarded as a sign of stupidity. This remark has some foundation in truth, for, as you all know, rachitic persons, who have very large heads, are often idiotic, because the brain is dropsical. This is probably the origin of ARISTOTLE's first theory, about which the enemies of phrenology make so much noise; but I am induced to think the Grecian philosopher modified his opinion, for ARISTOTLE was also the founder of comparative anatomy. He compared the brain of man with those of animals, and remarked that man's brain was relatively, if not absolutely, more voluminous than the same organ in any other animal, a circumstance to which he attributed the superiority of our intellectual faculties. The *Edinburgh Journal* contains some interesting historical views upon this point, which, as they are almost completely unknown in France, I

* From unforeseen circumstances, M. BROUSSAIS was compelled to suspend his course for a time after the third lecture, various difficulties having being thrown in his way to prevent their being resumed. The students immediately entered into a subscription, and took a large amphitheatre in another part of the city, where the remaining lectures were delivered, after an interval of more than a month. In the fourth lecture, accordingly, M. BROUSSAIS commenced with a full *resumé* of the three former lectures, which was necessary to keep up the continuity of his subject, but we here omit that portion of the present discourse, and take up the lecture at the subsequent point.

think may throw some light on the history of phrenology. According to the author of the article I allude to, ARISTOTLE's ideas of the brain were more elevated. Take the following extract for example. "ARISTOTLE considered the anterior ventricle of the brain, which he made correspond with the forehead, as being the seat of common sense, and furnishing a point of origin for the nerves of the five senses. He placed the imagination, judgment, and reflection, in the second ventricle, which communicated with the former by a small opening that gave passage to the impressions transmitted from the five senses. The third ventricle contained the memory, and formed a kind of store-house, in which were laid up the conceptions of the mind produced in the second ventricle. These notions were repeated by various authors, without any change or extension." They were handed down from age to age, and are found in the school of Alexandria. This latter fact is certain. EROPHILUS placed the soul behind the fornix. GRASISTRATUS is less clear. You know that the greater number of works existing at this period were destroyed; however, the classics which remain, convey the ideas of the ancient philosophers with sufficient perspicuity. They considered our faculties as depending on so many kinds of *auras*, which, at the present day, we would call "gases;" and for the sake of giving them room enough, placed them in the ventricles of the brain. As we ordinarily carry the hand to the forehead when we think, and experience a peculiar sensation in that region, they made it the seat of common sense; they regarded our ideas as submitted to a kind of elaborative process in the middle portion of the brain, and laid them up in store in the posterior region. Here you see a distinct tendency towards localization.

Besides these efforts at localizing, the intellectual faculties were not simply confined to the philosophers of ancient Greece; the poets, painters, and sculptors, adopted the same ideas. Thus, when an artist desired to represent genius, science, &c., he always formed a large projecting forehead; on the contrary, a small head, with powerful muscular forms, represented the idea of muscular force. This agrees perfectly with the observations made at London in the hatter's shops: on inquiry, it was found that athletic persons take in general much smaller hats than individuals less muscular, but whose intelligence has been more exercised than their limbs. Look at the ancient statues of Jupiter, or some celebrated priest of antiquity, and you will see a majestic forehead, projecting beyond the face, while the athletes, gladiators, and women, are almost always depicted with small retiring foreheads.

The poets made the same observation, and GALL has quoted a very interesting passage from the "Argonautes" of APPOLLONIUS, in which the poet describes Medea as suffering in the region of the cerebellum from her love for Jason. These quotations are merely made to show a very early tendency towards the localization of the faculties.

GALEN, as you all know, was a pupil of the school of Alexandria. He modified, in some respect, the doctrine handed down from ARISTOTLE. The brain was, according to him, the seat of the soul, to which the senses, and all other organs, owed obedience. He noticed the difference between nerves of motion and nerves of sensation. Since the cultivation of anatomy this distinction has been made, but not to the same extent as since the labours of GALL. The optic, olfactory, and acoustic nerves were always considered as organs of sensibility. You know what a length of time it required before nerves of sensation and nerves of motion were distinguished from each other in the other senses. The *pneuma*, which GALEN borrowed from the Greek school, animated every thing; he admitted three kinds of spirits, natural, vital, and animal. The first were constituted by the vapour of the blood, which ascended from its reservoir in the liver to the heart and lungs through the circulating system, and there received a first degree of refinement: after this it was subdivided by the membranes of the brain, and finally reduced to a subtile matter.

Such was the doctrine of the ancients, who regarded the spirit and soul as matter subtilized to such a degree as to become inappreciable to the senses. We may ask if modern philosophers have advanced a single step beyond this theory when they place an immaterial being in the brain, which, notwithstanding its immateriality, has an active and passive connection with the cerebral matter. You are aware, no doubt, that PACCHIONI, BAGLINI, and many others, considered the membranes of the brain as the principal instigators of all nervous movement. We shall not stop to discuss this theory. The doctrine of GALEN is evidently the same as that of PLATO and ARISTOTLE, transmitted through the Alexandrine school; it prevailed for many centuries; during the middle ages philosophers were still at the same point; however, we constantly observe tendencies towards the localization of faculties. This is a curious circumstance. During the period that medicine was placed in the hands of the clergy, a bishop named CERIA speaks of a cell destined for the memory, which became obliterated in consequence of a wound. ALBERT the great, so famous for his philosophical disputes on realism and nominalism, also endeavoured to localize certain faculties: his pupil THOMAS AQUINAS adopted similar ideas, yet few at the present

day dream of accusing THOMAS AQUINAS of being a phrenologist. Let us return again to the *Edinburgh Journal*, from which I shall take the liberty of reading another extract:—

"BERNARD GORDON, a Scotch physician, and professor at Montpellier in 1296, reproduced the greater part of ARISTOTLE's ideas, in a work entitled '*Affectus Præter Naturam Curandi Methodus.*' Common sense resides in the anterior part of the anterior ventricle, which takes cognizance of the various forms or images received through the five senses, and passes judgment on them: the posterior part of the same ventricle is destined for the phantasy (*phantasia*): it preserves the impressions received from the five senses, for which phantasia acts as a kind of store-house. Imagination (*imaginatina*) resides in the anterior part of the second ventricle: this faculty is always active, and produces chimeras during sleep as well as when we are awake; it is distinguished into two species: thus, when the product of imagination is conformable to reason, and agrees with objects which possess a real existence &c., the faculty is called *cogitative*: when on the contrary it does not coincide with our sensorial perceptions, but is influenced by the faculty called *estimativa*, the denomination imaginativa is preserved, because the ideas thus conceived are false, and probably impossible. GORDON placed the faculty *estimativa* in the posterior part of the middle ventricle, and attributed to it the function of judging impressions which are not received through the medium of the senses, such as friendship &c. This faculty instructs the lamb that its enemy is the wolf which it never saw before: it is an instinct governing the actions of animals, as reason governs those of man: when the latter is guided by instinct he is a mere animal. The professor of Montpellier places memory in the third or posterior ventricle, which, says he, performs three functions, viz., *imaginatio, cogitatio, memoria*. All these are natural and corruptible,—dependent on their several organs; but above all there is placed a divine faculty, incorruptible, and intellectual, which is not furnished with any organ of communication with the external world. These different faculties may become imperfect when their respective organs are diseased, and, being distinct, one may be weakened or destroyed while the other is preserved. In some persons the imagination alone is modified, while the other faculties remain intact, and *vice versa*. A remarkable example of this has been seen in the person of a madman who struck his father: on the latter pointing out the guilt of such an act, he immediately fell at his knees and demanded pardon. In this case the imagination was deranged to such a degree, that the son saw his father without recognising him, but as his reason was preserved, he soon felt the error into which he had fallen."

Several other remarks of the same author are contained in a book which he published in 1305 (*Lilium Medicinæ*): they contain many interesting facts relative to phrenology, particularly the section "De passionibus capitis," pars 2, pp. 186, 187, and 193, "De somno naturale." At page 200 the author gives a long list of somniferous remedies, amongst which we find the following:—"Et si omnia deficiunt incipiet dicere horas dominus et statim dormiet." He then explains a theory founded on some supposed movement of the animal spirits, which is constantly kept up, and prevents the repose of our faculties depending on the imagination. All this was written in the middle ages, when the passion for theological creeds flourished more extensively than at any other period. You see how observing men discovered several differences in our moral principles, without being able to account for them. We also find in the journal just quoted, "that the theory of animal spirits was attacked with some success in the 16th century. However, even in 1559, MICHAEL SERVETUS, that unfortunate victim of fanaticism, admitted the doctrine of spirits, and placed the soul in the aqueduct of Sylvius. Thus he evinced a tendency to localizing our faculties. But the Spaniard HUARTE seems to have been more positive than any of those who preceded him." Whether Spaniard or French, this latter was a contemporary of Henry the Fourth, and approaches phrenology more closely, such as it exists at the present day. The title of his work, which dates 1580, is "Examination of the Spirits with respect to their aptitude for the Sciences." We may describe it in two words, "Every man is born with a kind of particular disposition; each disposition and aptitude corresponds with a particular form of the head." In 1658, WEPFER attempted to overthrow the doctrine of animal spirits, which was defended by the celebrated WILLIS, professor of natural philosophy at the University of Oxford. WILLIS professed a particular theory. According to him, the brain and cerebellum secreted each a different kind of animal spirits; the cerebellum was destined to regulate the visceral movements, an idea which still prevails, with the exception of the animal spirits. The cerebral spirits produced imagination, memory, discussion, reason. If we return to the journal from which we have already quoted several passages, we find that "the animal spirits occupied the attention of various authors. VESALIUS speaks of them at length, and cites THOMAS AQUINAS, DUNS ALBERTUS MAGNUS, and others, who divided the functions into imagination, reasoning, cogitation, and memory, faculties corresponding with different parts of the cerebrum."

These notions comprised all that the middle ages knew relative to the brain and intellect; we find them detailed in a table published by LUDOVICO DOLCE in 1562, in a work entitled, "Dialogue by L. DOLCE, in which he treats of the method of increasing and preserving the memory." ROBERT FLOOD published a similar theory. Thus this celebrated philosopher and alchemist of the middle ages also attempted to localize the faculties. I pass over several details that are interesting, but cannot omit speaking of J. B. PORTA. In 1596, J. B. PORTA published at Vico a work entitled "De Humana Physiognomia;" in which you will find many of the notions afterwards followed out by LAVATER. This book contains many views much more philosophical than we could have expected to find at so remote a period. At page 14, you may read a curious catalogue of the instincts common to men and animals. Several human heads are compared with those of animals. Thus the skull of VITELLIUS CÆSAR is placed opposite that of an owl; the head of an idiot is compared with the head of a trout, &c. He informs us that RHASES considered a middle-sized head, of round form, compressed laterally, and projecting posteriorly, as the best shaped. ALLURTUS regarded an oblong head as a sign of circumspection and cautiousness: PERICLES had a head of this kind. A round head indicates a want of memory and wisdom; when the anterior portion is flattened, perception and memory are feeble; on the contrary, if the posterior part is but little developed, the memory and energy suffer; if the middle part, reason and reflection are but slightly marked; in a word, this volume contains a great number of very interesting observations. The following anecdote was told at the *Phrenological Society of London*, by a person converted to belief in GALL's doctrine after long literary dispute. The Marquis MASCORDI, chief justice of the criminal court at Naples, from 1778 to 1782, had studied deeply the work of PORTA already quoted, and CABANIS's physiology. Whenever a criminal condemned to death on sufficient testimony persisted in invoking his innocence, the Marquis summoned him before him, examined attentively his head, and then passed a final judgment, of which the two following are examples:—1st. "Auditis testibus pro et contrà, visâ facie et examinato capite, ad furcas damnamus." 2nd. "Auditis testibus pro et contrà, reo ad denegandum obstinato, visâ facie et examinato capite, non ad furcas, sed ad catenas damnamus*."

Here are a number of skulls; look at these heads, where the instincts predominate, while the intelligence is very feeble; they belong to parricides, assassins, &c.; look, on the other hand, at the skulls of men of genius, of virtue, citizens renowned for their noble qualities; they are developed in every direction. Let us not, therefore, be surprised if MASCORDI ventured to judge men according to the form of their heads, rather than their protestations of innocence, especially when they had been convicted on respectable testimony. These are efforts of the human mind seeking to escape from its ignorance, and disgusted with vague *à-priori* theories. The latter may content certain persons, but not men who unite a delicate conscience to severe judgment. In PORTA's system, the memory was placed in the posterior part of the cerebrum; this was the old idea, it is erroneous; but he attributed the same seat to *energy*, a remark fully supported by phrenological observation, for the posterior masses of the brain correspond with the passions, and consequently with energy, which depends rather on the instincts than on the sentiments or reflection. You see the efforts made at localizing have not remained altogether fruitless. In 1770, BONNETUS had to a certain degree forestalled these discoveries. GEORGET* quotes a passage of this author, which has been frequently alluded to. BONNETUS, a physiologist, as well as a philosopher, considered the brain as formed by the union of different organs; hence the multiplicity of ideas. Each sentiment has its peculiar fibres; when the fibres are put in motion too violently, or for too long a period, they are fatigued and suffer pain. He also attributed a different function to each part of the brain: here you see a very clear tendency towards phrenology. But he was unable to limit these functions, for when we proceed in an arbitrary manner, all rules and limits are lost. He felt the necessity of admitting a relation between external objects and the brain. What is the medium of that relation? He supposed the existence of a peculiar fibre for each substance. This excluded all possibility of a limit. The same objection is made to GALL's system; it has been said, "Why do you not erect as many organs as there are bodies in nature, as there are distinctions in the feelings?" We shall answer this question when treating of each organ in particular. In 1775, HERDER expressed a hope, that at some future time the functions of the different parts of the brain would be discovered. In 1779 WILLIS sustained, that each faculty has its proper seat in the brain, while he fixed the passions in the heart and viscera. This latter doctrine of GALEN came down as far as the period of CABANIS; CABANIS, as you know, placed the reflection and thought in the cerebrum, but he localized these faculties too far from the passions, which he left, after the example of the ancients, in the viscera. He al-

* LANCET, Nov. 10, 1832, page 215.

* De la Physiol. du System Nerveux, Paris, 1821.

most made "thought" a secretion of the brain, employing a faulty expression, which furnished the enemies of true philosophy with an excuse for overwhelming him with the most bitter, and often unjust invectives.

I believe enough has been now said to prove that from the most remote ages man's intellectual faculties were placed in the brain. The moderns, disgusted by the controversies which perpetually agitated the ancient schools, kept themselves in the reserve, and avoided wisely all hypothetical explanations, and *à-priori* systems. However, observations pregnant with value were made from time to time. CAMPER established the relation existing between the facial angle and the intelligence. This idea is founded in truth; moreover, it may be traced in the works of the ancients, for the intelligence resides in the anterior and superior parts of the head, whose predominance renders, as you see, the facial angle acute. CUVIER noticed in a general manner the advantage of the head's exceeding the face in volume. This is commonly true; but the face may be excessively fleshy and fat, while the brain is at the same time highly developed. The sign, then, is not absolutely correct. CUVIER himself, who received the doctrine of GALL with favour, suddenly abandoned it as soon as he saw the ideas of the German philosopher discountenanced by the head of the state. But it may be asked, "Is the moral man really explained by the different functions which phrenologists consign to the different parts of the brain?" I think so. However, it is not easy to appreciate these various masses by external examination; but we know enough to determine in a general manner the functions of the three great masses. Certain organs escape our discovery, but the masses are always there. Although we are unable to form an exact estimate of the functions depending on all the projecting parts of the brain, and *a fortiori* of those connected with the parts at its base; yet all we know compels us to admit the division of faculties corresponding with the three great cerebral masses already pointed out in a former lecture. Organs are merely the subdivisions of these masses; we may presume their existence *a priori* from the following facts.

1st. The successive development of the faculties. If we remark the absence of a certain faculty at a certain age, when a given part of the brain is but slightly, if at all developed; and, if this faculty becomes developed, at a future period, with the development of its corresponding cerebral mass, we have an argument in favour of our opinion.

2nd. The difference of aptitudes implies a difference of organs. Men vary in their aptitudes, their inclinations, &c. Now we obtain a second argument in showing that a constant relation exists between our tendencies, inclinations, &c., and between the development of certain parts of the brain. We also obtain some argument from the diseases of the brain. Thus we advance a step if we can discover a partial affection of the brain corresponding with a partial lesion of the instincts, the sentiments, or the intelligence. However, this diagnosis is very difficult, much more so than the phrenologists have as yet imagined.

Upon this point I will make a remark, with the object of answering beforehand certain objections, which perhaps even at this very moment are whispered in your ears, viz. that if once reason be lost, no matter by what cause, each organ gives way to its predominant action; an organ, formerly restrained by a multitude of considerations, and particularly by the reason, acquires the preponderance commensurate with its volume, as soon as this yoke is removed. You might regard this organ as being more diseased than the rest; it is merely more developed. I have verified this fact in the mad-houses. The cause of madness did not always correspond with the cause of the predominant aberration. This depended on the circumstance of the disordered organ having been retained within bounds during health by the force of reflection; however, from time to time it made some efforts at manifesting itself. This happens constantly in society; our tendencies are betrayed by our passions; thus a cruel man who dissimulates his vice, becomes cruel in a moment of anger or intoxication; another who succeeded well enough in concealing his perfidy, betrays it in delirium, or even when his offended *amour propre* excites his resentment. Thus it is extremely difficult to support the doctrine of phrenology by proofs drawn from the disease of a single organ, because the lesion is seldom confined to one single spot, and its effects being felt throughout the whole organ, the species of aberration will be determined by the organs most highly developed, without their being most diseased. However, monomania is easily explained whenever it corresponds with the organ predominant in the brain

Anatomical dissection can never reveal the existence of organs; but this objection falls to the ground before positive observation. What can you say on seeing a skull like this, which belonged to a person idiotic from birth? It scarcely differs from the rudiment of skull in an acephalous child. Does not this sufficiently prove the dependence of intelligence on the anterior portion of the brain? But you may say "Demonstrate the presence of intellectual faculties in that portion of the brain" I would answer, "You are incapable of following the march of our science; for the scalpel and the microscope are not the only means we possess of increasing our knowledge. We

are guided in many parts by indication, and it is logical enough to conclude on the dependence of a faculty on an organ, when we see that the absence of the organ constantly entails on it, absence of the faculty." Nothing is more evident than this, yet we do not learn it from dissection. COMBE judiciously remarked "that observation of one's self, or, in other words, the psychological method of self-examination, could never lead to the discovery of our organs; but I shall not follow up this point, as it occupied our attention at the beginning of the lecture. The skull is modelled upon the form of the brain; this is a positive fact. Here is a skull which will give you an example of this. You all know how the skull yields, notwithstanding its solidity; it follows the various modifications of the brain, even in the adult. The enemies of phrenology frequently quote the depression of the inner table of the skull, or of the whole calvarium produced by idiocy, or occurring, as it sometimes does in the old; a depression which they assert prevents us from forming any accurate estimate of the contained organs. But observe, that the difference of volume which this cause produces, is very inconsiderable: this has been submitted to calculation, and the maximum found to be one-eighth or one-ninth of an inch at most; while the natural difference of volume between certain organs amounts sometimes to more than an inch. Thus, compare the skulls of these murderers and idiots with the skull of General Foy, or of Bagnol, Director of the East India Company, a man whose probity and high intelligence are constantly cited as models. You will find in this comparison sufficient to overthrow scepticism, unless of the most obstinate nature. The objection derived from the projection of the frontal sinuses in certain persons is also of little weight. These sinuses are not completely developed before an advanced age. Besides, M. DUMONTIER remarks that we obtain the projection of the frontal sinus by a line let fall from the upper part, where the ridge commences, to the eyebrow. COMBE observed that the internal wall of the sinus always remained free from depression, a fact which renders the method proposed by the Parisian phrenologist quite exact.

These are petty objections, not to be compared with the mass of proofs on which phrenology is founded. When you see a large mass projecting from the surface of the head, it remains for you to decide whether this is merely a physiological state, or a pathological one; for if the hypertrophy be morbid, the person's intelligence is far from being benefited by the general or partial volume of his head. The power of manifesting is proportioned to the volume and energy of each organ. Great stress has been laid on the volume, but in my mind the energy or activity has not received sufficient attention from phrenologists. I believe the fibres of the brain undergo a species of motion, which is ten times more active in a person endowed with considerable energy of mind, or under the effects of irritation, than in another individual placed in opposite circumstances. Now the difference of movement must produce a corresponding difference of results, independently of volume; and hence the reason why we find such a difference between the intellectual faculties of two persons, whose heads are very nearly of the same volume. In fact, when once the head has arrived at a certain degree of development, its faculties may manifest themselves with a surprising degree of energy. Below the necessary degree of development, you can never have anything like a distinguished intelligence; you could never have made a scientific man or eminent politician of the person to whom this skull belonged,—an unfortunate idiot, barely capable of uttering a few words, depraved in the highest degree, and deprived of intelligence. But when once the head has acquired a certain degree of development, if it enclose a number of organs harmoniously directed towards some useful object, and sufficiently exercised at the same time, though of moderate volume, it will often dominate heads much more voluminous, but wanting the same activity and energy of principle. These details, however, will be better placed in our lecture on the organs considered in detail.

To sum up what I have said, the faculties are multiple, not single; their instrument is the brain. The cerebrum and cerebellum are double; we cannot discover any central organ, nor does the latter exist. This formed one of the most powerful objections made to GALL's system; he neglected answering it, or was unwilling to do so. I will be more frank, say more bold, if you will; I answer, that the existence of a central organ is impossible; any central organ overlooking and commanding the rest, would simply be a repetition of the various theories I have enumerated and refuted in the three last lectures; there is no central organ, then, but a concordance between the different organs, producing the sum of those actions which assure individual life and reproduction. Some writers, however, say, that the sentiment of *self*, of individuality, presumes the existence of some central organ, regulating all the actions of the moral man. This is an error depending on want of correct observation; by morality, the greater part of philosophers understand the intelligence, sentiments, and a portion of the instincts; now these latter, as we have seen, commence acting long before the sentiment of individuality exists, both in the embryo and the infant child. The latter has little or no idea of *self*, when the first sentiments manifest themselves, and the

perception of external bodies takes place long antecedently to the abstract idea of *self*. The child perceives bodies, feels instinctive impulses, love, joy, fear, &c., and acts under the influence of these sentiments, without once saying to himself, "These bodies are not me, nor am I the bodies I perceive." The abstract idea of individuality arrives with the march of the intellect, and is never well marked in the natural-born fool, although he may possess sentiments, perceptions, instincts, and have a notion of his proper organs. Some speakers at the Academy of Medicine maintained that a plurality of organs is overthrown by the idea of *self*; the facts we have just mentioned prove the absurdity of this assertion. The perception of our own proper existence takes place in the same manner, and under the same laws, as the perception of the existence of a stranger. The child perceives his body through the medium of his senses, and this perception conveyed to the brain gives the sense of individuality. I defy any one to show me a person deprived of his senses who can distinguish himself from the rest of nature. The infant does not naturally say "I," when he begins reflecting on the perception of *self*; he designs himself, as he does others, by the third person, or by his name; and it is only with difficulty, and by observing others, that he at length understands the word "*I*" as personifying his individual which he had perceived through the medium of his senses long before. Thus we cannot admit the idea of any particular central organ, and the perception of ourselves is based on sensitive perception in general. This perception, like all the rest, is a primitive fact, unexplained and inexplicable, which neither observes, nor throws any light on, the other phenomena of the brain. The cerebral mass connected with the perception of self, and presiding over reflection, is situated at the upper part of the forehead; this presumes that it is sufficiently aided by the inferior portion, on which the perception of external bodies depends, but I cannot think it possible to assign any particular organ in this region for the sentiment of individuality. The inferior animals do not enjoy the sentiment; those approaching more closely the human species, are, on the contrary, endowed with the sentiment of personality; but they are incapable of expressing it, for such expression requires the agency of organs which they do not possess. They never confound themselves with other beings; in a word, every animal which perceives other bodies, perceives equally its own individual person; one comprehends the other; but the reflections suggested by the perception of individuality are very various, and these differences depend on the development of the organs of comparison, judgment, and causality.

It is now time to lay before you the characters which constitute a faculty. They have been enumerated in a very ingenious manner, to the number of seven. A faculty is considered primitive,

1st. When it exists in one species of animal, and not in another.

2nd. When it varies, according to sex, in the same species.

3rd. When disproportioned to the other faculties of the same individual.

4th. When it appears or disappears, sooner or later than the other faculties.

5th. When its action or repose is independent of the other faculties.

6th. When it is capable of being transmitted from father to son.

7th, and finally. When it is capable of preserving, independently, a degree of health or disease.

Phrenologists detail in this manner their idea of an organ. But is this description completely satisfactory? I will not say that I adhere implicitly to it; however, my explanation must be reserved for the time when we treat of each organ in particular. It is difficult to find a definition of the word "faculty" which will please every body; you will presently see that the chief stress is laid on the most remarkable actions which seem determined by a given portion of the brain; but you will remark at the same time that this is not perfectly fixed; certain changes have been made; in a word, the term "faculty" expresses an abstract conception, an intellectual entity, very difficult to be determined. However, the characters just noticed are so many valuable points, which I recommend to your attention; you will find them in Combe's Manual, from which I have copied them, for when we set about discussing phrenology, it is necessary to take the actual state of the science as it exists at the present day.

The brain of a new-born infant weighs about ten ounces;* that of an adult, generally, three pounds and a half, apothecaries' weight, frequently a little less. But if the mind of an adult has been long devoted to thought, if he has been engaged in constant study, his brain is usually increased beyond this weight. The brain of Byron, for instance, is said to have weighed four pounds and a half, and that of the illustrious Cuvier four pounds thirteen ounces and a half. The size of this organ increases from the time of birth till manhood, remains stationary from this period until old age, and then diminishes in bulk and weight.† The relative size of its different portions constantly varies during several of the first years of life, and it is not until about the seventh year that all its parts are formed.‡ —*Brigham on Mental Cultivation.*

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* Meckle's Anatomy, vol. 2.
† Andral's Pathological Anatomy, vol. 2. ‡ Meckel.

CLINICAL LECTURES AND REMARKS, ON DISEASES OF THE SKIN, VENEREAL DISEASES, AND *SURGICAL CASES*,

DELIVERED IN 1836, AT THE SKIN INFIRMARY AND AT THE JERVIS-STREET HOSPITAL, DUBLIN.

BY

DR. WALLACE,

SURGEON TO THOSE INSTITUTIONS.

PATHOLOGY OF VENEREAL DISEASES OF THE SKIN.

In my preceding lectures on syphilis I demonstrated the existence of two distinct groups of venereal eruptions, and pointed out the relations which these groups have to each other. It shall be my object in the present lecture to consider, in a general manner, certain symptoms which commonly precede the eruptions, and to inquire whether there be any connection between particular forms of eruption and particular forms of primary symptoms, or, in other words, whether each group of eruptions be preceded by peculiar or corresponding primary symptoms.

Venereal eruptions are often denominated "secondary symptoms." This mode of expression is not however always correct; for syphilis may demonstrate its existence, in the first instance, by an eruption. For example, children who have contracted this disease in utero, present, as the first symptom, an eruption; and when the disease is propagated by simple contact from one person to another, an eruption is often the first symptom. On these occasions, it is sometimes difficult to say how the poison has gained admission into the system. Moreover, even when infection is contracted by promiscuous sexual intercourse, the virus may enter the system and cause an eruption, without producing any primary disease, or an affection upon the part through which it obtained admission. On all these occasions it would be incorrect to say that the eruption was a "secondary symptom." As, although a consequence of the absorption or reception of the poison into the system, it is not preceded by any other symptom. Again, even when venereal eruptions are preceded by other symptoms, it does not always happen that the eruption holds the second rank, in point of the period of its occurrence. It may be preceded by two, or three, or more orders of symptoms. It may be preceded by a "primary ulcer," as it is called, or by a bubo, or by an affection of the joints, or of the fibrous tissues, or of the bones, or of the eye, or of the throat, or of the nose, or of the testes, or, even by all together. Let us therefore banish the term "secondary symptom," as applied to venereal eruptions, and substitute for it "constitutional symptom," which is a more correct term and one in general use. This term will denote the important fact that there exists, along with the eruption, an affection of the system, without implying any particular order of occurrence. I dwell upon this point for the purpose of removing an opinion which possibly exists in your minds, and which might lead to an error in diagnosis. I allude to the common opinion that no eruption can be venereal unless preceded by primary symptoms.

In a vast majority of cases, however, venereal diseases of the skin are preceded by a disease of the part to which the poison has been directly applied. These symptoms are called "primary," and although the venereal disease may occur without their pre-existence, as when they do exist they must always be primary, there does not appear any great objection to their being so called. They are sometimes named "local symptoms." This is, however, an objectionable mode of expression, for we know not whether they are local or not—that is, we do not know whether the introduction of the virus into the system is synchronous with their occurrence. Analogy would lead to the conclusion that they are not local. For example, it has been ascertained that if the vesicle of cow-pox be destroyed in a very early stage of its progress by the application of the nitrate of silver, the protection afforded by it against variola is not destroyed. The system must therefore have felt the influence of the cow-pox, as soon perhaps as the vesicle had formed.

What is the character of these primary symptoms? Every one who has paid attention to the subject of venereal diseases, well knows the difficulty of answering this question. In fact, primary venereal symptoms are in appearance so numerous and so varied, that they have, equally with venereal eruptions, bid defiance to classification. I have, however, I hope, unravelled the knot, and by an application of the principles upon which I have classed the eruptions, I have reduced to order, and formed into an harmonious whole, the mass of primary symptoms, which hitherto appeared most heterogeneous or dissimilar.

I have in the first instance to remark, that the primary symptoms of the venereal disease are either essential or accidental. The essential symptoms are those which necessarily depend on the venereal poison, or which cannot result from any other cause; and the accidental are such, as, al-

though accompanying, or complicating, or following the state produced by the poison, may accompany other states and arise from other causes. To this latter class of symptoms belong phymosis, and paraphymosis, chordee, stricture, ardor urinæ, and such like. Of these symptoms I have no intention at present to speak, as their history does not necessarily form a part of the history of the venereal poison.

Is there any resemblance of character between the essential primary and the constitutional symptoms of syphilis? Analogy would lead us to expect a resemblance. When the virus which produces the small-pox is applied to a part by inoculation, it causes primary symptoms or effects, which have a very close resemblance to the eruption of variola. Let us examine, therefore, whether that relation exists among the symptoms of venereal disease, which analogy would lead us to expect.

Pustular Primary Symptoms.

We have found that there is a group of venereal eruptions, whose essential character is a pustule. You know the precise anatomical character of a pustule. Now, among the great apparent varieties of primary symptoms produced by the venereal poison, do we ever observe any of them to be pustular? Certainly, a pustule is a common form of disease, produced by the direct action of this poison. Has this pustule in its appearance or general character, any resemblance to the pustule which constitutes the pustular eruption? Yes; the resemblance is so great that, *ceteris paribus*, the one cannot by the eye be distinguished from the other. There is, therefore, a pustular form of primary symptom as well as a pustular form of eruption.

Now, the next question is, Does the pustular primary symptom lead to a pustular constitutional symptom, or is there any natural connection between the primary and the constitutional pustule? That a connection exists, I shall have ample opportunities of demonstrating. Indeed, you have yourselves already seen many cases which verify this fact. A pustular primary sore precedes a pustular constitutional eruption; so far there is a connection. There is, however, no necessary connection between the severity of the pustular primary sore, and of the eruption. There certainly may be such a connection, and we shall not wonder at this, if we reflect that the *severity* of the disease, both primary and constitutional, is dependent, in a great degree, on the state of the individual contaminated. Hence, if his state be such as to cause one of the affections to be severe, it will be such, for the most part, as will cause an equally severe form of the other. It, however, often happens, that a mild primary pustule is followed by a severe secondary pustule, and *vice versa*. Nor shall we consider this extraordinary, if we reflect that great changes may take place in our system in very short periods of time, and, consequently, that the influence of a poison may be different in degree at one time from what it shall be at another. While, therefore, I maintain that the pustular primary disease will give origin to a pustular eruption, I do not maintain that there is any necessary connection between the severity of the one, and that of the other. Indeed, a pustular primary disease, which has been so trifling as to have scarcely obtained attention, and which may have healed without the interference of art, may be followed by a very severe or phagedenic form, as it is called, of pustular eruption. Or a primary pustular disease, which has been of great magnitude, and which has produced very severe local symptoms, which has, in fact, been phagedenic, may be followed by a remarkably mild eruption. But whether the primary disease be mild or severe, if it be a genuine pustule, it will be followed by a pustular eruption, if by any. And whether a pustular eruption be mild or severe, it will be found that the primary disease was pustular. An occurrence may, however, take place, which might, without proper attention, seem to overturn these views. For example, a virus derived from a primary pustule, may gain admission into the system by an abraded, or wounded, or ulcerated surface, without causing, in the first instance, a disease of the pustular character; and, under such circumstances, we may have constitutional pustules without primary pustules. The possibility of such cases must, therefore, be held in view, when we are considering the character of the primary symptom. We must remember, that the want of a primary pustular sore does not preclude the occurrence of a pustular eruption; but the existence of a sore of this kind implies the pustular character of the subsequent eruption. Connected with this last fact, I have, however, an explanatory remark to make. In my last lecture I pointed out to you, that there existed varieties in the pustules, and in the exanthemes which form the eruptions, and that some of the varieties of the pustule approached nearer than others to some of those of the exantheme. I also observed, that when we considered the cause of difference between the exantheme and pustule, an approximation of character might fairly be expected among their varieties. You are, therefore, from what I have formerly said, prepared to expect varieties in the appearance of a pustular eruption, dependent on the stage of the pustule from which the virus was originally obtained, as well as on the stage of the sore at which absorption of the virus may have taken place; or, in other words, on the degree of modification the virus may, from any

source, have undergone before it caused the eruption. There is, however, a limit, I believe, to these modifications, and, under all circumstances, the *pustular* character is retained. This essential type of eruption is never lost, when the virus is derived from a primary pustule, at least so far as I have investigated the subject. At the same time, it appears *possible* for a pustular sore to be so long in existence, before it has contaminated the system, that its virus shall have acquired the qualities of the constitutional virus, and hence produce a corresponding eruption.

Exanthematic Primary Symptoms.

Suppose we abstract from the entire class of symptoms produced by the direct action of the venereal poison, such as present the pustular character, of what kind shall be the residue? You may, perhaps, suppose that such an analysis or classification is not always practicable, inasmuch as we seldom have an opportunity of ascertaining whether the disease is or is not pustular. Sometimes a difficulty of diagnosis from this source may exist, but in nine cases out of ten, we shall be able to arrive at a correct conclusion if we attend to appearances, and if we inquire from the patient the manner in which the ulcer commenced; for he often notices, and will accurately describe, the pre-existing pustule. Moreover, the sore which follows a pustule, has certain characters throughout its whole course, which can scarcely be mistaken, and always sanction, when present, the conclusion that a pustule pre-existed. Upon the characters of the pustular sore I need not now enlarge, as I shall consider them hereafter, and as I can, in the mean time, refer you for an account of them to my "Treatise on the Venereal Disease."

Let us, therefore, as I have said, abstract from the whole class of primary symptoms, such as are pustular, and see what we shall have remaining. This is an analogous plan to that pursued when I introduced to you my classification of the eruptions. I abstracted, you may remember, from the whole mass of eruptions, such as consisted of some form or other of the exanthema, and we had pustular eruptions only remaining. We are now to abstract from the whole mass of primary symptoms, such as have a pustular origin, and to ascertain the characters of the residue. Here is a large collection of drawings or representations of primary symptoms. (Dr. WALLACE exhibited a splendid collection of drawings of primary venereal symptoms.) I shall select from the whole, such as are pustular. You remark that, when these are placed together, they present, with very few exceptions, so striking a resemblance to each other, that if I mixed them altogether, I think any of you could again make the analysis. Now cast your eyes on these other drawings, which represent such as have not had a pustular origin. Do you notice any resemblance among them? Their appearance is certainly more heterogeneous than that of the pustular group. They have, however, some common characters, which at once demonstrate their alliance to each other, and their dissimilarity to the pustular group. Thus, in general, their ulcerations have less depth and greater surface, and if you reflect, you will admit an analogy between these characteristics and those which distinguish the exanthematic from the pustular eruptions. In fact, when the pustular primary symptoms are detached from the whole mass of primary symptoms, the residue, from their holding with the primary pustular symptoms the same relation as is held by the exanthematic with the pustular eruptions, may be called exanthematic primary symptoms.

The primary symptoms, which I call "exanthematic," are, you observe, of varied appearance. So is the tribe of exanthematic eruptions; but the consanguinity of these eruptions is demonstrated by their occasional coexistence on the same person, and by their conversion into each other at different times or stages of the same disease. We shall, in like manner, find that the greatest analogy of character exists among even the most apparently dissimilar exanthematic primary symptoms, when we compare the constitutional symptoms which they cause, as well as the appearance exhibited by them at their origin and during their progress.

There is also a very striking analogy of character between the varieties of the primary exanthematic symptoms, and the varieties of the exanthematic eruptions. Thus you will find that there are some exanthematic primary symptoms characterized by little more than increased redness, attended, if seated on a mucous surface, by a morbid secretion, and if on a cutaneous surface, by desquamation. This is the form of disease commonly called, when on a mucous surface, a gonorrhœa, and is analogous to the rubeoloid form of exanthematic eruption. Again, there are some primary exanthematic symptoms characterized by great induration, by stony hardness. These are analogous to the constitutional tubercular exantheme, others are distinguished by a disposition to fungate; these correspond to the condyloma, or the fungous exantheme; others penetrate more deeply, corresponding to the ulcerating exantheme. They all commence, like the eruptions of the exanthematic group, by a state of hyperemia, followed by a morbid secretion from the diseased surface, and when ulceration occurs, it is for the most part very superficial,

and proceeds from the outer surface inwards.

The next question to determine is, whether there exists any relation or connection between the exanthematic group of primary symptoms, and the exanthematic group of eruptions. Now the evidence of such a connection is stronger, if possible, than of a connection of the primary with the constitutional pustule. I have traced the connection of the primary with the constitutional exantheme in hundreds of cases, and you have all had the most ample opportunities of observing the same fact. In truth, the frequency with which the exanthematic primary symptom and the exanthematic eruption are combined in the same person, is remarkable. This depends on several causes. In the first place the primary exanthematic disease is generally so very mild, that it is often considered a mere heat or chafing, and neglected until the constitutional symptoms make their appearance. In the second place, I have no doubt that constitutional diseases follow some forms of the exanthematic primary disease much more frequently than they do the pustular form of disease. In the third place, the primary exantheme is more common than the primary pustule. These various causes, therefore, bring examples of the primary and constitutional exantheme united, often before us.

I have just stated that constitutional symptoms follow the exanthematic primary sore much more frequently than they do the pustular primary sore; yet the virus of the exanthematic sore is not so infectious to another person as that of the pustular sore. You seldom fail to produce the pustular disease, by inoculating with the matter of a pustular sore; but the same experiment with the matter from the exanthematic sore, will fail more frequently than it will succeed.

Now, you will ask, "What is the nature of the symptom produced by the virus taken from the exanthematic primary sore? Is it a pustule?" No, it is uniformly an exantheme in its essential characters. I must however observe, that a pustule may be produced, in the first instance, by inoculation with the exanthematic virus, as it would by the introduction of any irritating matter under the cuticle; but this pustule, which is not specific, quickly becomes well, and then a specific morbid action is set up in the part, of the exanthematic kind. It is also a remarkable feature in the exanthematic form of primary disease, that the period at which the morbid action commences, when inoculation succeeds, is more remote than in the case of inoculation from a pustular sore. Thus I have often observed the wound caused by the puncture of inoculation with the exanthematic virus, to inflame, suppurate, and heal, leaving the part apparently free from disease; and at the expiration of some weeks, I have unexpectedly found the exanthematic primary disease well marked on the part which had been inoculated.

We can thus demonstrate the existence of two tribes of primary symptoms, as well as of two tribes of eruptions; we also see that these tribes of primary symptoms are so different from each other, that the one is not capable, by its virus, of producing the other; yet that they have the same origin, or proceeded originally from the same poison, can be demonstrated. Thus the virus of the primary pustular sore always produces the same form of sore and a pustular eruption, while the virus obtained from the constitutional pustular sore produces the exanthematic primary sore, and subsequently the exanthematic eruption. The exanthematic virus once produced, continues to propagate its own form of disease. We shall, however, hereafter find that it undergoes further, though slighter, modification, from whence there result corresponding varieties of disease.

Thus the primary and constitutional symptoms of syphilis, when on the skin, fully confirm the propriety of classing venereal diseases in two groups. Now there are certain other symptoms which follow, or accompany, or succeed, venereal eruptions. These collateral affections attack the mucous surfaces, the eye, the aponeuroses, the joints, the bones, the subcutaneous tissue, the testes. It may be asked, "Do the laws which regulate their phenomena sanction the classification, and support the views which I have developed?" In connection with this subject I have noticed certain facts.

In the first place, whenever the nature of the part which is the seat of the collateral affection, allows of a correct examination of its morbid state, the precise form of the affection will be found to vary according to the group of symptoms of which it is an attendant. For example, the iritis, as well as the affections of the mouth and throat, which we meet with along with the exanthematic forms of eruption, are, in general, easily to be distinguished from the affections of the same parts which accompany the pustular forms. It is therefore probable, that if we had the power of examination, we should find that there existed a difference between the affections of the bones, of the testes, of the subcutaneous tissue, which accompany each group.

In the second place the symptoms attendant on the milder varieties of one group, are analogous to those which accompany the milder varieties of the other group, and there exists a disposition in the severer forms of both groups to associate with the same kind of collateral symptoms. Thus iritis, or inflammation of the eye, as well as

painful affections of the aponeuroses, are more frequently attendants of the mild than of the severe forms of each group. On the other hand, affections of the testes, of the bones, and of the joints, are more frequently met in connection with the severer forms of either.

Thus every consideration connected with the venereal disease sanctions and supports the opinion, that the whole class of venereal symptoms proceeds from one poison, and that the effects of this poison are divisible into two natural groups.

I did intend to make some observations respecting the opinions which have prevailed relative to the original source of the venereal poison. I find, however, that our time is nearly exhausted, and must for the present content myself with little more than a simple expression of my views on this topic, leaving for some future opportunity a fuller communication of the facts and of the reasoning which have induced me to form these views.

First. Notwithstanding the trouble which has been taken to demonstrate that the venereal disease was first introduced into Europe from America, I am convinced that no unprejudiced person can consider the subject without arriving at the opinion that the evidence of this fact is quite inconclusive.

Secondly. Whatever may have been said to the contrary, there exists the most satisfactory testimony, that the more remarkable forms of venereal disease were observed in the old world long prior to the discovery of the new—in fact, that they have co-existed with the earliest era of human society. I would here notice the remarkable fact, that, in the Irish annals of an earlier date by many centuries than the discovery of America, mention is made of a disease, by the name of Bolgach Francach, which signifies a French eruption of pustules, and this is the name by which the venereal disease is at present designated in Irish.

Thirdly. From the facts which I have ascertained and made known to you, respecting the influence of the system in modifying the qualities of the venereal poison, the conclusion must be drawn, that the pustular form of syphilis is the original form, and would in all probability have long since ceased to exist if it had not been generated anew. From this and from several other circumstances I am of opinion that the venereal poison is from time to time reproduced; and consequently that if all the venereal poison existing in the world was at this instant annihilated, the promiscuous intercourse of the sexes, or other circumstances, would quickly lead to its renewal.

Fourthly. The assertions that the venereal disease has undergone remarkable changes in the course of centuries seems unfounded. Its nature is the same as it has ever been. The writings of the best ancient authors on the subject describe, so far as they go, the disease as it at present exists. There is, no doubt, much improvement in our mode of treating it, and therefore we do not see those sufferers from it who were formerly so numerous; but treat the disease as it was formerly treated, and similar consequences will be seen.

I have still a few words to say before we separate. Such of you as have read my Treatise on the Venereal Disease will observe that it has not been arranged after the principles which I have now unfolded to you. "Why?" you will ask. I reply, because when that work was written I had not made the discovery respecting the pathology of venereal diseases of the skin, which I have communicated to you in the present and preceding lectures. It is, however, most satisfactory that every fact contained in that work finds its place readily in the classification to which my present views have led. This is what might have been expected if my work contain true pictures of nature, and if my pathology be sound. The facts try the pathology, and the pathology equally tries the facts. Let us take a very cursory glance at the contents of my work. This will enable you to arrange the facts contained in it, so as to make it available for filling up the outline which I have given you of the pathology of the venereal disease, and enable you to use it as a text-book to the lectures which I propose still to deliver. The whole work consists of ten chapters.

In the *first* and *second*, the hypothesis of a plurality of venereal poisons is combatted, and the relation which exists between all venereal diseases is pointed out. Additional experience has not only confirmed the justice of these views, but has added many facts to the arguments employed, and has ascertained and demonstrated one great source of those varieties in the appearance of the venereal disease, which have induced some persons to believe in the existence of a number of venereal poisons.

The *third* chapter describes the symptoms and treatment of the regular form of *primary syphilis*. Now, what is the form of disease to which I have given this name? The pustular primary disease, when its progress or characters are not distinguished by any remarkable features. This chapter will, therefore, be found to contain an account of the pustular form of primary syphilis, in its ordinary state.

In the *fourth* chapter is given the history of phagedenic primary syphilis, or of those forms of primary disease which are distinguished by the severity of their ulcerative or destructive processes. Now, as the pustular as well as the exanthematic primary symptoms may be phagedenic, this chapter necessarily comprises an account of the severe forms of both; hence, the phagedenic primary disease is described as com-

mencing either by a pustule, or by that state of parts which constitutes the exanthema.

In the *fifth* chapter is described what is there called superficial primary syphilis, or primary symptoms distinguished by the mildness of their ulcerative process; and as the pustular primary sore as well as the exanthematic may be mild, this chapter necessarily contains an account of the mild varieties of both the primary pustule and the primary exanthema.

The *sixth* chapter contains the history of what has been named by me catarrhal primary syphilis. This name is given to a primary disease, where there is no ulcerative process, where there is a hyperemia of the part with a catarrhal secretion, and perhaps an interstitial deposition under the affected surface. Whether this be a pure form of primary exanthematic syphilis, or whether it be a modification of disease owing to a farther modification of the poison, I have not as yet been able to satisfy myself. At present I consider it to be one of the exanthematic primary symptoms, from the following reasons:—

1st. Constitutional symptoms of the exanthematic class, follow catarrhal primary syphilis.

2nd. The anatomical state of parts in catarrhal primary syphilis is the same as in the rubeoloid or more superficial form of the constitutional exanthema.

3rd. There is a variety of primary disease characterized by a state of excoriation and subsequent induration, which forms a connecting link between the ulcerative and catarrhal exanthemes, and thus demonstrates the consanguinity of these two forms of disease.

4th. I have not been able, in numerous experiments, to excite catarrhal primary syphilis, by the application to the urethra of the matter of the primary pustule, nor to cause the primary pustule by inoculation of the matter of catarrhal primary syphilis to a cuticular surface; but I have frequently excited catarrhal primary syphilis by the matter of exanthematic sores.

5th. I have known many persons, labouring under old syphilitic affections of the catarrhal form, to communicate constitutional disease to sound persons, and it has always been the exanthematic form which has been produced.

No arguments against the opinion I support, can be derived from the fact, that pustular and catarrhal syphilis may occur together, or from the fact, that an individual may communicate either disease, or both; because the pustular form of primary disease may occur in a person who has the exanthematic, and consequently such a person may communicate one or both forms of disease, according to circumstances.

I must, however, observe, that although I do at present consider the catarrhal form of primary syphilis a variety of the primary exantheme, I am disposed to be of the opinion, that the virus which causes it, although originally the same as that which produces the other forms of syphilis, has qualities somewhat peculiar; and at this opinion I have arrived, from remarking that the matter of catarrhal syphilis, more easily than any other matter, produces catarrhal syphilis. What the cause of the modification may be, I have not as yet been able to satisfy myself, but hope that the attention which I am paying to this subject, will sooner or later lead me to correct conclusions. In the meantime, I would remark, that of the many circumstances which may be the cause of this modification, the most probable seems to me to be the stage or period of the affection from which the virus is obtained, or the mixture of the virus of a sore in one stage or state with that of another. To return.

The *seventh*, *eighth*, and *ninth* chapters of my work, treat of what I have called indurated, annular, and fungous primary syphilis; and as both the pustular and the exanthematic primary sores may present these characters, it follows that varieties of both classes of sores are treated of in these chapters. Hence I have described two forms of indurated, two forms of annular, and two forms of fungous primary sores; that is, the indurated, annular, and fungous sores following excavated ulceration, and the indurated, annular, and fungous sores following superficial ulceration. The excavated form of ulceration is the ulceration which succeeds the pustule, and the superficial is that which succeeds the exantheme.

The last or *tenth* chapter relates to bubo, and as this is a symptom whose character rarely varies, whether it has originated from a pustular or an exanthematic primary ulcer, I have not made any division of its varieties corresponding to the nature of the preceding primary sore.

Nor have I, in my work, separated the essential from the accidental primary symptoms of syphilis, therefore such subjects as phymosis, paraphymosis, stricture, chordee, swelled testis, are described, in a general manner, along with those primary symptoms with which they are most commonly associated. Thus I have spoken of ardor urinæ, swelled testes, along with catarrhal primary syphilis.

I have now, gentlemen, I hope, given you such a general view of the pathology of the venereal disease, as will enable you to benefit by the more particular descriptions upon which I propose to enter when we next meet.

ACTION OF GALVANISM

UPON THE NERVES.

At the meeting of the Royal Academy of Sciences of Paris, on the 5th of May last, M. Magendie gave some details respecting the cure of a young Polish officer, who, at the battle of Astrolenka, when charging a battery, which was at that moment firing cannon balls, was thrown down, without receiving wound or contusion upon any part of the body, when, having remained in a state of insensibility for nearly half an hour, it was found that his hearing, speech, and taste, were gone. After having been treated by leeching and revulsives, without success, at Vienna, and by strychnine, in the endermic method, at Trieste, he came to Paris, where M. Magendie, to relieve his deafness, had recourse to the galvanic currents, in the following manner:—One of the wires of the pile was applied over the chord of the tympanum, and produced immediate effects, the patient experiencing a loud buzzing in the ear. The sense of taste commenced to be re-established at the third application, which, to the anatomist and physiologist, is a remarkable fact, and throws light upon the origin of the cord of the tympanum, and the use of the fifth pair of nerves. After seven or eight applications the patient heard the sound of a drum, and afterwards of church bells, and then of house bells, and, finally, of the human voice. To complete the cure, it was only needful to translate his movements or gestures into language, and M. Magendie hoped finally to succeed by carrying the extremities of the wire conductors over the laryngeal nerves. It is essential, M. Magendie remarked, that there be established an immediate contact between the nerve and the conducting wire, and that might be accomplished without difficulty, for the chord of the tympanum is the only nerve which creeps (*rampe*) towards the exterior. With respect to the other nerves, we might readily, after a little practice, accomplish our object, by penetrating their traject with a needle, to which the conducting wire is to be applied.

M. Roux adverted on this occasion to two observations which had just been made, one of which tended to confirm the impressions of M. Magendie upon the importance of establishing an immediate contact between the conducting wire, and that part of the nerve upon which the intended action is to be made. The first case cited by M. Roux, was that of a young female who had been attacked with Pott's disease (*mal de Pott*), and, consequently, with paraplegia. By means of a galvanic current, which was established by passing the extremity of the conducting wire to the spinal marrow, the power of motion was completely re-established. The second case, one of inflammation of the facial nerve, was accompanied by a very disagreeable sensation upon the tongue, effected through the same agency, and upon that side only. M. Roux adverted to the latter fact, as tending to excite a contrary impression with respect to the restoration of the taste, by the medium of galvanism upon the chord of the tympanum.

We cannot agree with M. Roux in the inference which he draws in the last-mentioned case, because, generally speaking, in our efforts for the re-establishment of any of the senses, it would be too much to expect uniformity in the symptoms, though we may have reason to anticipate favourable results.

REMARKABLE CONTRACTION

AND

DEGENERATION OF THE COLON.

The subject of the following case was a woman, forty-nine years of age, six feet in height, extremely fat, mother of eleven children, who were brought forth under favourable circumstances. Her disposition was fretful and impatient, though she was active and benevolent, and had opportunities of much tranquillity in her situation of life. Eight years ago she had a bilious fever, which confined her during three months to her bed, since which time her health had been indifferent, especially during the last few months. She now complained of flatulence, and severe pain in the left hip, which impeded her walking, and forced her to lie upon the left side. She experienced a dragging pain in the pelvis, and also a distressing constriction on the left of the iliac region, extending transversely to the umbilicus, and thence towards the thorax, so as to occasion great dyspnœa, and threatening suffocation. At this period she was visited by Dr. Hauff for the first time, i. e. upon the 10th of October 1835, when he found that the face was red, the pulse full, but not frequent, the abdomen pliant, and the motions scanty and costive in their nature. She had no appetite; the tongue was loaded with a white sordes; she was very thirsty, and the skin was hot, and covered with perspiration.

Refreshing beverages were prescribed, and also bitter aperient pills, and enemata were prepared from succory, to which asafœtida was added for the purpose of expelling flatus. The affected hip was wrapped in tow. This treatment, assisted by a mild diet, was continued for some weeks, and effected transient ameliorations of the symptoms.

On the 5th of November following, the invalid became very anxious, and dejected in spirits, and suffered pains under the form of cramps in the abdomen.

Three days afterwards, soon after partaking of her morning coffee, she left the house, and at about nine o'clock was found dead, lying upon her stomach on the bank of a neighbouring river.

It was then mentioned that her father had three weeks before attempted to drown himself, but was taken alive out of the water. Not long afterwards he hanged himself.

Upon inspection the body of this female was found to be very fat. The cranium was thick, hard, and without a trace of diploe; the cerebral veins were gorged with blood, the vessels of the dura mater were injected even to the smallest ramifications, and the three membranes were unusually thick. The brain was extraordinary in volume, heavy, and firm in texture. The choroid plexus contained much blood, and many small hydatid tumours. The cerebellum was equally firm and heavy; its membranes were injected, and the cortical substance was of a remarkably dark gray colour. The spinal marrow, from its origin, was unusually firm in its texture. The lungs did not adhere; they were "marbled" with a black tint and distended with air. They were crepitating and loose in texture at their posterior margin, and, upon section, a little black blood flowed. No other change was found in the tissue of the lungs. Upon cutting across the trachea, about half an ounce of water escaped. Nothing was found in the bronchial branches. The pericardium was enveloped in a thick layer of fat. The heart was also charged with fat. The right ventricle contained a small quantity of black blood; the left ventricle was empty, and the two cavities were of a deep brown-red colour; the walls were thickened and firm; the tricuspid valves were partly indurated and partly cartilaginous. The subcutaneous layer of fat of the abdomen was, generally speaking, about two inches in thickness. All the folds of the peritoneum presented an extraordinary accumulation of adipose membrane. The stomach was distended, and contained half a pint of water, mixed with alimentary substances, which had undergone no change in texture. The liver was voluminous, heavy, and firm, and contained much blood; it was in other respects in a healthy state, as also were the pancreas, spleen, and small intestines. The cæcum was much extended. The ascending transverse and descending colon, to the sigmoid flexure, represented a sort of bent whitish cylinder, surrounded by fat over two thirds of its circumference, varying in volume from one half to three quarters of an inch. When the colon was smoothed exteriorly, it was found to be garnished throughout its whole extent with large fatty knots, and when cut into, this portion of the intestine presented thick, firm, white walls, without distinction of the different tunics, and it had the appearance of a fibrinous membrane. The internal surface was white and smooth, having neither folds nor follicular adhesions. It contained a whitish mucus and some feces. Its caliber was so contracted as not to admit, at certain parts, a large swan quill, whilst in other parts it could receive the little finger. The rectum was dilated, but unchanged in structure. The kidneys were large and firm, and each contained a small *cyst* near its convex margin. The urinary bladder contained no urine, and was healthy in appearance. The genital organs showed nothing remarkable.—*Heidelberger Klinische Annalen*, 1836, 1er vol. No. 2.

CAUSE AND DIMINUTION OF AGUE.

Of all diseases usually classed under the head *endemic*, there is none more truly so, or of which the habitudes have been so accurately ascertained, than ague. Although ignorant of the nature of the actual agent that produces this disease, we are well acquainted with the principal circumstances amid which it originates, insomuch that we can always predicate, with considerable certainty, upon examining any locality, whether or not the inhabitants there residing are subject to this affection. It is hardly necessary to state, that the particular situations liable to ague, are those which contain marshes, or are, at least, low and flat, containing much stagnant water in pools or ditches, &c.

As the topographical account of the Landsend, in Cornwall, characterizes the whole district as hilly, dry, and almost devoid of anything like marshy lands or stagnant waters, any one would be led to predicate its comparative immunity from ague: and this prediction is proved to be correct by the actual history of the district. In the Penzance Dispensary Reports, only three cases are recorded in a period of seventeen years, and among upwards of 8800 patients. During my residence, only one case occurred at the Dispensary; and this is the only one witnessed or heard of by me during that period. In the eleven years subsequent to my residence, not a single case was entered on the Dispensary books. The oldest practitioner in the district had never known a single case to occur in the town of Penzance, in a practice of fifty years. The case witnessed by me, occurred in the person of a fisherman from the parish of St. Paul. I am ignorant of the circumstances connected with the two cases that are recorded on the Dispensary books, before my connection with it.

The same almost complete exemption from intermitting fever, not only during the period of my residence in Cornwall, but for many years previously, was confirmed to me by the testimony of all the practitioners in the district. Hardly a case had been witnessed by them for a dozen years, and very few indeed for twenty years: scarcely any of the younger practitioners had seen a case of the disease.

And yet this immunity from ague is only a comparatively recent feature in the medical history of the district. All the older surgeons were familiar with the disease in their earlier practice. Forty years before the period of my inquiries, each practitioner saw many cases every year: one, "about thirty in a twelvemonth;" another, "five or six every spring and fall;" and a third, "a great many;" and the uniform testimony of medical tradition, throughout the district, went to establish the general prevalence of the disease in the days of their fathers. The same evidence goes to prove that the disappearance of the disease has been progressive; a fact also illustrated by the official registers of the Dispensary. In the three years from 1810 to 1813, two cases occurred; in the three years from 1819 to 1822, one case occurred; in the eleven years from 1823 to 1833, not one case occurred.

There seems every reason to believe that the causes commonly assigned for the decrease of ague in England, during the last and the present centuries, for the decrease is general, viz. the draining of marshes and wet grounds, the cultivation of waste lands, the improved cleanliness of the habitations of the poor, &c. are correct; and no doubt all these have operated, more or less, in this district; still there seems something else wanting for the complete elucidation of the change that has so universally taken place in this respect. At no period could there have existed marshes to any extent, or stagnant ditches or ponds, or even wet lands, in any part of this district. Certainly, causes of this kind could not at any time have existed in a greater degree than they now exist in Scotland, where ague is, and always has been, totally unknown.

None of the practitioners, old or young, had ever met with a case of ague in a miner, or streamer, which could, with any degree of probability, be attributed to causes immediately connected with the occupation of such persons. And this is a curious and important fact, as proving, in a very decided manner, that neither impure air simply, nor wet, nor the alternation of cold and heat, nor all these combined, can give rise to fevers of this type. A streamer is a *surface*-miner, who searches for tin ore in the alluvial soil in the valleys, and on the banks and in the channels of the numerous *streams* of the district. His employment necessarily exposes him to much wet.—From a Sketch of the Medical Topography of the Landsend, by Dr. Forbes, of Chichester, in vol. 4 of the *Trans. of the Prov. Med. Assoc.*, 1836, page 183.

FRENCH JOURNALS.

Archives Générales de Médecine, April, May.

The two last numbers of this journal contain the following original articles:—

April.—1st. Observations on Hernia, from the Lectures of Professor Gerdy at *St. Louis*.

2nd. Description of the Neck of the Uterus in the young unimpregnated female who has never borne Children; by M. Marc-d'Espine.

3rd. Researches on a certain Form of Dilatation, with Hypertrophy of the Heart. Memoir presented to the Institut by M. Beau.

4th. Observations on some Cases of Difficult Labour, by M. Besnier.

May.—5th. On Absorption of the Placenta, by M. Maslieurat-Lagemard.

6th. Some Observations on Phlebitis after Accouchment, by M. Duplay.

7th. The Pathological Anatomy of the Pancreas, by M. Mondiere.

2. Neck of the Uterus in Young Females who have never been Pregnant.

When the neck of the uterus is examined with the speculum in a young female who has never been pregnant, it presents itself under the form of a small button situated at the bottom, and a little above the axis, of the vagina; its colour generally harmonizes with that of the vagina, and is never vivid in a state of health. The orifice exhibits a round or triangular slit, always very small, and the horizontal and vertical diameters are constantly of an equal size. Its dimensions may be estimated in the following manner:—Diameter of the neck at its basis, six to nine lines; perpendicular let fall from the summit of the neck to its base, eight to ten lines. The diameters of the orifice (os tincæ) seldom exceed from one to two lines. However, this general description admits of some exceptions, thus, twenty-nine young unimpregnated women were examined with the speculum, and of these, seven were found exceptional, the neck in four cases being voluminous, and in three nearly flattened. In two cases the os tincæ, instead of being round or triangular, was nearly linear, but the slit did not exceed one to two lines in breadth. The subject's age seems to have no influence on the dimensions of the neck

of the uterus; on the contrary, the form and size of the neck are at once influenced by one or more pregnancies. It is more large, and more or less flattened in such a way, that the diameters of the base always exceed the degree of projection of the neck into the vagina. Its mamellated shape is lost, and the orifice almost always assumes the linear form. The length varies from three lines to six or eight, or even twelve. The transverse diameter is usually straight, but in some cases sinuous and irregular. The greater or less number of children which a woman may have borne, does not make much difference in the orifice; however, we may affirm that the neck becomes large, and the os tincæ widened, in proportion to the number of labours, but this rule admits of numerous exceptions.

Amongst eighty-three women examined with the speculum by the author, six happened to be pregnant; the details of three cases only were preserved; in these three cases the neck of the uterus was more or less voluminous and soft; the lips of the os tincæ tumid; in two of them the orifice was so dilatable as to admit the end of a large brush. This latter circumstance is the more worthy of notice, as it was not found in a single case amongst the remaining seventy-seven unimpregnated women.

The foregoing observations of M. Marc-d'Espine are founded on the results of 120 cases, in which the speculum was regularly employed as a means of exploration; they afford matter of considerable interest, and deserve to be compared with future investigations. The toucher alone is quite insufficient to clear up many of the questions, whether medico-legal, or simply medical, that may present themselves upon this point, and the science is indebted to the author for having added the results of his experiments with the speculum.

3. PARTICULAR FORM OF DILATATION, WITH HYPERTROPHY, OF THE HEART.

Case.—On the 2nd of July, 1834, a woman, forty-two years of age, was brought to the *Hopital Necker*, with evident symptoms of pericarditis—viz. extreme dyspnœa, small irregular pulse, fainting, palpitations, severe pain over the precordial region, with matity extending over a large surface; the disease commenced on the 17th of June, by a sudden pain in the side and dyspnœa. During the first week after her admission into the hospital, the symptoms were relieved by antiphlogistic measures, but the patient was seized with a double pleurisy, and died on the 12th of July.

On examining the cavity of the chest the pericardium was found considerably dilated, and corresponded with exactness to the space occupied by the dull sound during life. There was no fluid in its sac, but the distention was produced by the heart, which was considerably enlarged, and adherent on all sides to the fibrous sac, by the medium of a semi-cartilaginous membrane about an inch in thickness. The heart measured five inches at the base; its length was six inches and a half. It was soft in tissue, and flattened by the effects of its weight. This remarkable volume depended chiefly on the dilatation of its cavities, the walls of which were hypertrophied. The internal membrane, and the different valves and orifices, were in a normal state.

M. Beau describes four other cases of a similar nature; all presented more or less considerable active dilatation of the heart, coinciding with extensive adhesions between that organ and the pericardium; he therefore asks, whether the augmentation of the heart's volume does not in these cases depend on the inflammation of the pericardium, and resolves the question affirmatively. But how does inflammation of the fibrous sac produce active dilatation of the heart? M. Beau thinks this may be explained in the following manner:—In the commencement of the disease the pericardium is distended by a fluid, which at a later period is converted into a false membrane, uniting the two opposite serous surfaces; hence arises a double movement of traction, effected on one side upon the pericardium, on the other upon the heart itself, a movement which is also favoured by the tendency of the two organs to approach, and fill up the vacuum left by the absorbed fluids. Thus the volume of the heart is enlarged equally on all sides, for the adhesions were nearly universal; while the hypertrophy depends on the circumstance first pointed out by Corvisart—viz. the want of sufficient muscular force to propel the increased quantity of blood, and, at the same time, overcome the obstacles presented by the pseudo-membranous adhesions.

On searching the works more particularly dedicated to diseases of the heart, the author of the memoir now before us has assembled thirty-five cases of complete adhesion of the pericardium, coinciding with active dilatation, while the same works furnish only eight cases in which complete adherence was not attended with a change in the heart's volume.

Yet it is remarkable that none of the writers on diseases of the heart have touched upon the possibility of active dilatation being produced by adhesions of the central circulating organ to its fibrous envelope. Corvisart merely notices the coincidence, without any idea of connecting these two circumstances as cause and effect: and M. Bouillaud considers the hypertrophy rather as produced by extension of the inflammation to the muscular tissue of the heart. However, Haller (*Physiol.* t. 1, p. 289) dis-

tinctly mentions these adhesions as a cause of dilatation. "Inde (says the great physiologist) in pluribus exemplis *peramplum cor fuit cui pericardium connatum esset.*"

Dilatation of the heart, when the effect of adhesion to the pericardium, differs from other hypertrophies by the following anatomical characters.

1st. The dilatation and hypertrophy in general; that is to say though the different cavities are enlarged and their walls thickened, there is no change in the mutual relation of capacity between one part and another; the change affects all the cavities in an equal proportion. In active hypertrophy from contraction of an orifice, the hypertrophy generally is confined to the cavity immediately behind the contraction.

2nd. The heart is soft and flaccid. This depends partly on its great dilatation, and partly probably on the rapidity with which the hypertrophy is formed. In other hypertrophies the tissue of the heart is firm and compact.

3rd. The heart occupies its normal position, gently inclined from right to left. This also is peculiar to cases of hypertrophy from adhesions: in other forms the heart is placed in a very oblique position, nearly lying on the diaphragm.

These are the principal points which distinguish the form of hypertrophy described by the author from all others. As to the history of the symptoms and diagnosis of this form of the disease, we must wait until further researches throw more light upon a subject which is here merely presented to the consideration of future observers.

5. ABSORPTION OF THE PLACENTA.

The object of this rather long memoir is to prove the possibility of the retained placenta being absorbed without the production of any accident; a fact doubted by many accoucheurs and chiefly combated by Madame Boivin.

The author cites several cases from Nægelé, Solomon, and Gabillot, and details one which occurred near the end of the year 1834, in the new hospital for midwifery, established opposite the school of medicine. An alarming hemorrhage coming on after delivery, necessitated the introduction of the hand for the extraction of the placenta; but this latter body adhered so firmly to the uterus, that M. Dubois was able to extract only a portion: this manœuvre stopped the bleeding for a short time, after which it returned as violently as before; the hand was again introduced and a very small portion of the placenta picked away: the bleeding now ceased; but a second relapse rendered it again necessarry to pass the hand into the uterus; the portion of placenta however which remained in spite of these repeated efforts to remove it, was considerable. For the first few days no unpleasant symptom occurred; but on the 7th day a large clot of blood came away and was followed by hemorrhage, sufficiently violent to bring on fainting. On the 9th day, repetition of the hemorrhage, which was less violent and soon subdued. From this time no accident presented itself, and the woman soon left the hospital well. During her stay the case was observed by M. Dubois with the greatest care; the linen examined every day; the clots of blood washed and dissolved in water, but no trace of placenta or organized substance could be discovered. We are therefore compelled to admit, contrary to the opinion of several celebrated accoucheurs, that in certain cases, rare indeed, a portion or even the greater part of the placenta is capable of being absorbed.

6. PHLEBITIS AFTER DELIVERY.

Uterine phlebitis occurring immediately after delivery, and constituting one of the forms of what is commonly termed puerperal fever, is a disease of a very fatal nature, and physicians have but seldom an opportunity of determining by examination of the dead body by what process nature effects a cure in those rare cases in which the result is not immediately fatal. The following resumé of M. Duplay's observations upon this point are therefore interesting, inasmuch as the author proves that when the veins of the uterus are inflamed and suppurate, a cure may take place by obliteration of the diseased vessel. The following case, which we abridge, furnishes a striking example of the proposition just advanced:—

Case.—J. D., 19 years of age, of good constitution, was admitted into the Lying-in Hospital on the 4th of February, and delivered on the 1st of March, after a labour of two hours' duration. The birth of the child was complicated by no accident. On the 3rd of March the patient experienced some pain in the iliac fossæ, accompanied with quickness of the pulse: twenty leeches were at once applied, and repeated again for the two following days. This treatment brought down the fever and removed all local pain; but diarrhœa with tenesmus now set in, with marks of chronic enteritis, and the patient sank on the 40th day after labour. On examining the body, several ulcerations were discovered in the great intestines; the uterus was nearly of its normal size; its tissue was normal; the inner surface rosy and free from alteration. At three different points of the anterior and posterior surfaces of the uterus, near the origin of the lateral ligaments, were perceived, ramifying in the substance of the uterus, several small tubes of a grayish-yellow colour. On examining these cylinders

with care, they were found to consist of the uterine veins, enclosing in their interior a kind of concrete pus, nearly solid, and organized. This pseudo-membranous production adhered closely to the parietes of the vessels whose cavity it filled up. The right ovary was atrophied; the left also very thin; but their tissue seemed normal. The other organs presented nothing remarkable.

M. Duplay gives the history of two other cases of uterine phlebitis, in which the mechanism producing the cure of this affection was very evident. In all the three the smaller venous trunks were completely blocked up by a pseudo-membranous formation, and the transmission of pus to the greater vessels thus prevented. These facts must induce us to modify our prognosis of a malady which seemed by its nature incurable. The first case, moreover, demonstrates that traces of the disease may be detected in the venous branches even two months after cure.

Diseases of the Uterus; from the Clinical Lectures delivered at the Hopital de la Pitie, by M. Lisfranc. Collected by his Interne H. Pauly. Paris, Baillière, 1836. 8vo., pp. 536.

The reputation which M. Lisfranc enjoys as a surgeon is very high, not only in France but in Europe. If we are to believe in his own opinions of himself, the mantle of Dupuytren has fallen on his shoulders. He has also acquired an immense reputation, and what is better for him personally, an extensive practice, in diseases of the uterus, upon which for several years he has professed some very ingenious and novel ideas. We have already placed our readers in possession of M. Lisfranc's lectures on diseases of the uterus, which were collected by M. Pauly with his consent, and published under his inspection in the *Gazette Médicale* for the year 1834. The work now before us is little more than a reproduction of those lectures; it is, however, much more complete, more methodical, and contains several details of an interesting nature, which the limits of a periodical journal necessarily excluded from the lectures as originally published. As it is unnecessary to analyze matter which we have so far already produced, we shall first merely enumerate briefly the contents of the volume now before us, and then take up the consideration of a chapter which M. Pauly has interposed in the body of the work, and in which we find matter closely touching, not only a point of high surgical interest, but the honour of one of the most distinguished members of our profession.

The "Lectures on Diseases of the Uterus" are divided into four parts.

In the *first*, M. Lisfranc examines the surgical anatomy of the reproductive organs in the female, and their principal anomalies, and then describes various means of exploration to be employed when those organs are diseased, laying, of course, considerable stress on the toucher and the speculum. This first part is extremely valuable, as it contains several points of anatomy which are not to be found in books, and the result of M. Lisfranc's extensive experience in the exploration of the internal genital organs of the female. In the *second* part, the author gives a general history of uterine disease. The pathological anatomy of the uterus is treated in a brief, but masterly manner; next follows a discussion of the principal causes which produce uterine disease; as, for example, the influence of age, of habitation, copulation, labour, abortion, the critical age, suppressed evacuations, hereditary tendencies, &c.

To a discussion of the causes follows naturally a description of the symptoms, prognosis, and termination of uterine diseases in general, with an elaborate examination of the various methods of treatment employed to combat them.

The whole of this part contains a variety of original observations, and is well worthy of attention.

In the *third* part, M. Lisfranc examines menstruation; this includes uterine hemorrhages independent of pregnancy, and terminates with some considerations on chlorosis, &c.

The *fourth* and most important part comprehends diseases of the uterus, attended with organic lesion, inflammation, &c.

In the several chapters contained under this division of the work, M. Lisfranc treats of subinflammation of the uterus; engorgements of various species, including, 1st. Simple hypertrophy; 2nd, Hypertrophy with white induration; 3rd. Scirrhous engorgement; 4th. Tubercular induration, eruptions, and ulceration of the neck of the uterus, with remarks on the potential cautery, which he often employs in these diseases. Having described cancerous, fun-

gous, and other excrescences, taking their origin from the os uteri, M. Lisfranc takes up the great question of amputation of the neck of the uterus; and, finally, terminates with polypi and other foreign bodies situated in the body of the organ. So far we have nothing but praise of an unqualified nature to bestow on the labours of M. Lisfranc, such as we find them detailed by M. Pauly. We can speak from our personal knowledge of the faithful manner in which the opinions of that surgeon have been reproduced; the matter is almost all original; the fruit of long experience, observation, and experiment. But we have another task, of a painful nature, which our duty, as an independent journalist, compels to fulfil. We have already mentioned, that in addition to the "lectures," properly so called, M. Pauly has given a long chapter (exclusively his own), entitled, "Appreciation of Resection of the Os Uteri, in a Therapeutic point of view." This chapter contains several grave accusations against M. Lisfranc, which we shall now attempt to appreciate with the calmness and impartiality of a disinterested reviewer. M. Lisfranc's lectures have now been in our hands for several weeks, but we have avoided taking notice of the work, in the hope that M. Lisfranc would make some public answer to the charges brought against him by the late interne and demonstrator; no such answer has appeared, and we feel the more bound to give publicity to the following details, because not *a single* French medical journal has as yet taken notice of the heavy accusation against the moral character of the surgeon of *La Pitié*. Our readers are already aware of the manner in which amputation of the uterus, so often tried and abandoned by some of the first surgeons in Europe, was, as it were, reinstated in the domain of surgery, by the brilliant success of M. Lisfranc's operations at the Hospital of La Pitié. The method pursued by M. Lisfranc was described, with all its details, in a paper read to the Academy of Sciences on the 2nd of June 1834. In this document, M. Lisfranc formally declared, that of 99 cases of amputation of the neck of the uterus, he cured 84; a proportion which places this operation in the most favourable light, if the results of the cases were really such as M. Lisfranc has represented them to be. Fortunately, M. Pauly, through whose hands all of M. Lisfranc's documents passed, finds himself compelled to deny, in the most formal manner, the truth of this assertion, and he proves, not only that M. Lisfranc has falsified the facts in a most gross and shameful manner, but has painted the principal circumstances connected with the operation, its consequences, accidents, and termination, in a way calculated to mislead the public, deceive his fellow practitioners, and injure humanity, by describing the operation as little dangerous, and almost always successful, though he knew it to be the contrary. These are grave charges against any man of honour. Had they been supported on less convincing evidence than M. Pauly has adduced, or had M. Lisfranc made the slightest attempt at repelling the *proofs* contained in the long article now before us, we should willingly have taken a different view of the question, for we derive no pleasure from exposing to the public view conduct in one whom we had hitherto had so much reason to respect, which must not only overwhelm the guilty individual with shame, but, from the high rank he unfortunately fills, throw a certain degree of reflected odium on the profession at large.

The conduct of M. Pauly in exposing the malversations of his patron and master, has been very severely criticised by professional men on the other (the French) side of the water. They charge him with ingratitude, envy, &c. We cannot join in this opinion. In a question which is purely scientific, all considerations of a nature purely individual or private should be laid aside, and we think M. Pauly richly deserves the thanks of all professional men in braving the indignation, calumny, and revenge, of the powers that be, to serve the interests of humanity as he has done, by proving "the truth, and the whole truth," connected with amputation of the neck of the uterus. But let us come to facts.

The main points of M. Lisfranc's celebrated memoir to the Institute, when candidate for the place left vacant by his great enemy Dupuytren, were, 1st.—In 99 cases, 84 cures, 15 deaths; 2nd. Absence of dangerous hemorrhage after this redoubtable operation; "*not a single patient* (said M. Lisfranc) died of *secondary hemorrhage*."

In answer to the above propositions, M. Pauly distinctly proves, by a reference to published documents, a scrupulous exami-

nation of papers now in his possession, and inquiries made at the houses of individuals operated on in town, and reputed to be cured by M. Lisfranc,

1st. That instead of 99 operations performed up to the 2nd of June 1834, it is impossible to determine the existence of more than 53 operations up to the 1st January 1836.

2nd. That of various patients operated on in the Hospital of La Pitie before his time, it is impossible to recover any positive details.

3rd. Of 19 patients operated upon in town (*whose names and addresses* M. Pauly gives in full), only *one* has received any benefit from amputation of the neck of the uterus.

4th. Of these nineteen cases *four* died within *twenty-four hours* after the operation, and *twelve* of an immediate relapse. In *two* other cases the disease was only partially extirpated, and marched with increased activity after the operation.

5. Of 9 patients operated on in the presence of M. Pauly, with whom he passed the first twenty-four hours as attendant in case of accidents, *six* were attacked with violent hemorrhage, and of these six *three* died within twenty-four hours. Thus, in 28 cases, where the results of this operation were ascertained in all their details by M. Pauly, no less than *nineteen* perished almost immediately after the operation.

It is unnecessary for us to add a word in explanation, to the above facts; they speak for themselves, and are sufficient to determine at one and the same time the therapeutic value of M. Lisfranc's operation, and the moral reputation of its author. We cannot conclude, however, without expressing a hope that the severe lesson which M. Lisfranc has thus received may not be lost as an example. Without scientific integrity, the medical man, however high his reputation, however varied his talents, is but a despicable charlatan, who, for the purpose of nourishing his own *amour propre*, or, with still more culpable designs, dresses up falsehood in the guise of truth, and, like the avaricious wrecker, lights up a lying beacon regardless how many human lives may be sacrificed, provided he and he alone, enjoys the benefit derived from the destruction of his fellow creatures. But, happily, justice, though somewhat lame, sooner or later reaches the guilty, and society benefits by the example made of the culprit.

THE LANCET.

London, Saturday, July 16, 1836.

The anniversary meeting of the Provincial Medical Association will be held at Manchester on Wednesday and Thursday next, the 20th and 21st instant. Earnestly do we hope that the numerical strength of the assemblage will be in accordance with the respectability of the members of this powerful association, and that the opportunity will be embraced, of intimating to the legislature, and to the ministers in particular, the opinions which are entertained by the medical practitioners of England, relative to the new contract and club system, which is so strongly and shamefully patronized by the Board of Poor-Law Commissioners. A more favourable occasion for a declaration of the opinions of the medical body could not be offered, and we feel confident that it will be seized with avidity, and applied to a noble purpose. The existing system in the Unions, whether it be considered with reference to the medical contracts, or in relation to the Penny Humbug Clubs, is so thoroughly repugnant to the satisfaction of those claims which the necessitous poor have a right in the hour of sickness to enforce against their wealthy and fortunate neighbours, that it cannot be sanctioned except by men whose better feelings have been entirely obliterated by the cold-blooded calculations which have been inculcated by the modern principles of political economy.

In addition to a condemnation of the contract and club systems, as they have been promoted and sanctioned by the Poor-law Commissioners, the Association should denounce in no measured terms the conduct of those practitioners who, by consenting to become the ready agents and pliant tools of the Commissioners and Boards of Guardians, have contributed towards bringing the pro-

fession into disrespect, and have aided the schemes of persons who apparently design to facilitate the destruction of the most suffering portion of the community. The PROVINCIAL MEDICAL ASSOCIATION OF ENGLAND must speak out boldly and unhesitatingly on these distressing and annoying subjects. A short series of resolutions, setting forth, in a petition to the House of Commons, energetically and tersely, the grievances which now operate on the poor as well as the profession, and praying that a committee of the House be appointed to inquire into the truth of the allegations of the petitioners, would produce an admirable effect. The beneficial results would also be accelerated in their progress and increased in their number if the petition were to be transmitted to Lord JOHN RUSSELL, the Secretary of State for the Home Department, under whose authority the Poor-law Commissioners exercise their functions; and it would be well if the members of the Association were to exert themselves individually with such members of Parliament as they happen to know, and entreat of them to attend in their places for the purpose of supporting the statements in the petition, as well as the request of the Association for the appointment of a SELECT COMMITTEE OF INQUIRY into the present mode of supplying medical aid to the poor in the hour of need. If there should be any persons of influence or character at the meeting of the Association, who should recommend the assembly to *remain silent on the subject*,—*to refrain from petitioning*,—or to intrust the petition to any other hands than those of *the Secretary of State for the Home Department*, let that person, whoever he may be, state his opinions openly—in the presence of the Association—and not covertly, sneakingly, and *in private*. Dishonesty alone can advise concealment in such a cause as that which the members of the profession are called upon to advocate. If that fell monster, the SELF-SUPPORTING HUMBUG, be not slayed *forthwith*, all that is respectable or useful in the profession will assuredly sink beneath its withering and destructive influence.

An advertisement of the meeting next week, and an announcement of the general course of proceeding at Manchester, having appeared on the cover of this Journal, we do not know that we can give to those gentlemen who may desire to attend, any information on the subject which is not already within their reach. We may observe, however, that a printed document has been forwarded to us by Dr. BARLOW, of Bath, for insertion or notice in our columns, bearing the title of the Association, and prefaced by the following statement:—

"The members of the Council residing in Bath having met on the 20th of June 1836, to take into consideration the proposed junction with the Eastern Provincial Association,—and again, by adjournment, on the 4th of July,—unanimously resolved, that the following expression of their mature and deliberate opinions on this subject should be transmitted to the Central Council."

Having examined the contents of this document with that degree of care which the importance of the subject merits, we have no hesitation in declaring that we concur fully in the whole of the decisions, and with the reasons by which they are supported, of the members of the Council residing in Bath. In making this acknowledgment, however, we are decidedly of opinion that the PROVINCIAL MEDICAL ASSOCIATION, as a national institution, would work more effectively for the great objects which its promoters have in view, if it were to be compounded of COUNTY ASSOCIATIONS, the members of which were to assemble and act once in every two or three months, for the discusssion and regulation of the medical polity of the district, in accordance with the general recognised principles of the parent national institution. By the adoption of this plan the minds of a greater number of the members of the profession would be actively engaged in those leading pursuits which relate to the establish-

ment of an improved system of medical government in this country, and they would, consequently, take a deeper interest in the subject, and, by perseverance and investigation, acquire such an extent of knowledge, and such habits of business, as committeemen, as would produce, within a very short period, a council of the Grand Association, the members of which could not easily be surpassed for industry, energy, or intelligence.

Had we been able to afford room for the document this week, it should have had a place in our columns, but as it is most likely that the paper will be freely circulated in Manchester, we may regret the less our inability to publish it.

A PETITION from the surgeons of Andover, complaining that a person now practising in that town, named WILLIAM WOOD BRADSHAW, had succeeded in obtaining his diploma from the College of Surgeons by fraudulent means, was presented to the House of Commons on Wednesday evening. A copy of the petition is subjoined. In the next LANCET a statement of the case, as it was given in the House, will be related, at some length, together with the reply of Sir FREDERICK POLLOCK to the allegations of the petitioners. As this inquiry has commenced, it cannot now be closed until it has undergone the fullest investigation. Privately, we have, and can have, no feelings on the subject; but on public grounds, involving, as it does involve, a consideration of every principle connected with the certificate system of the College of Surgeons, it obviously becomes a question of paramount importance. As suspicion is thus attached to the character and conduct of WM. WOOD BRADSHAW, justice towards that individual demands that the investigation should not be smothered. We set out, then, by inquiring of Mr. BRADSHAW himself, When was it that he attended, during a period of one year, the *Westminster Hospital?* When was it that he attended, according to the regulations of the College, during two sessions, each extending from October to May, lectures on anatomy and physiology? And by whom was it that his certificates were signed? A prompt answer to these questions may have the effect of relieving Mr. BRADSHAW from an unjust and cruel imputation, and the Council of the College of Surgeons from the charge of having been guilty of a gross neglect of their duty towards those members of the Institution who have obtained their diplomas by straight-forward honourable means:—

PETITION

OF

SURGEONS OF ANDOVER TO THE HOUSE OF COMMONS.

"*To the Honourable* THE COMMONS *of the United Kingdom of Great Britain and Ireland, in Parliament assembled,*

"The humble petition of the undersigned surgeons of Andover in the county of Southampton, Members of the Royal College of Surgeons in London, showeth,

"That by the Charter of his most gracious Majesty George the Third, the College of Surgeons of London was incorporated for the advancement of surgery, and for the examination of surgeons, with the power of granting them a diploma, attesting their ability to use and exercise the art and science of surgery. Your petitioners beg leave to represent that the examiners of the College require from each candidate previous to his being deemed eligible for examination, certificates of his having attended certain courses of lectures, or two years' hospital practice in the country, with six months' attendance at an hospital in London, before he is admitted to an examination for his diploma; and your petitioners beg leave further to add, that there is an existing by-law of the said College to this effect, 'That should any candidate obtain his diploma by fraud, forged certificates, or by any fraudulent means, that his name be erased from the list of members.'

"Your petitioners allege, that a person of the name of William Wood Bradshaw is now practising in the town of Andover, as a surgeon, having obtained his diploma from the College by fraudulent certificates, which your petitioners are enabled to prove at the bar of your Honourable House; that during the time which his certificates testify that

he was employed in attending lectures and hospital practice in London, he was, in reality, engaged as an apprentice, with Dr. Trevor Morris, of Chepstow, in the county of Monmouth, and did not visit London for some years afterwards, and then only for a short period of two or three months. Immediately afterwards he returned with his diploma.

"Your petitioners submit to your Honourable House, that although it is hardly credible, yet that it is strictly true, that the Council of the said College of Surgeons have refused to take any proceedings in this case although affidavits have been presented to them to prove that the said William Wood Bradshaw never attended one lecture during the years in which his certificates bear date, and that he did not visit London for some years afterwards, and then for two or three months only. Your petitioners submit to your Honourable House, that the College was established to promote medical science, and discharge and accomplish great and highly-beneficial objects; but the institution would entirely fail in effecting those desirable results, if such disgraceful abuses were allowed to pass unredressed. After two years of investigation, the Council of the College have come to the extraordinary conclusion that they consider that it would be inexpedient to proceed further with the subject.

"Your petitioners lastly submit to your Honourable House, that they consider the conduct of the College in this instance an insult to those individuals who have honourably become members of the said College, and who ought to be protected in their avocations, as surgeons, from the intrigues of all persons who may obtain their diplomas by fraud. And trusting that your Ho nourable House will adopt such measures as in your wisdom may seem meet for maintaining the utility of the College of Surgeons, and the justly-obtained professional privileges of your petitioners, they, as in duty bound, will ever pray, &c.

RICHARD R. PERRY.
GEORGE S. PAYNE.
H. WESTLAKE.
ROBERT T. LATHAM.
GEORGE WICKHAM."

WE have neither leisure nor space this week to continue our observations on the communication of Mr. BREE, but long ere this, it is probable that that gentleman has discovered the inaccuracies of his data, and the consequently erroneous character of his conclusions.

THE long-protracted concours for the Chair of Anatomy in the Faculty of Medicine of Paris, terminated on Saturday last, at six o'clock, in the nomination of M. BRESCHET to the Chair of Anatomy, left vacant by the translation of M. CRUVEILHIER to that of Pathological Anatomy. All who are really capable of appreciating the talents and great acquirements of M. BRESCHET cannot fail to applaud this judicious choice. *Diis aliter visum est.* We regret to say that the nomination of the successful candidate was followed by very outrageous conduct on the part of some of the students, who broke the windows of the Faculty, forced in the doors, tore up the caps and gowns of the professors, and would in all probability have proceeded to further violence, had not the presence of a strong party of cavalry and infantry terminated the disgraceful scene by dispersing the rioters. We are totally at a loss to account for this conduct, which was disapproved of by all the well-thinking and respectable students on the spot. M. BROC was the favourite candidate of the students. We can, however, with difficulty imagine that his want of success alone excited such violent demonstrations of dissatisfaction.

Omega has rightly conjectured one object of the College when he says to the late Licentiates,

"Are you to be told, gentlemen, that you owe your false position in the College to a policy of the Fellows, which, in selecting from time to time some of the most distinguished of the Licentiates to incorporate among themselves, is contrived not so much to honour the individuals chosen, as to weaken the licentiate body by subtracting what was a credit to it, while they attempt to strengthen their own position by these additions?"

BIRMINGHAM HOSPITAL.

A "Report of the Out-cases attended by Mr. PARSONS at the *Birmingham Infirmary*, during the year 1835, is given in the "Transactions of the Provincial Medical Association." We extract from the document the following details. The whole cases for the year were 2975. Of these, 141 terminated fatally; 23 of them died from scarlatina; 23 from consumption; 13 from synochus; 11 from marasmus; 11 from chronic bronchitis; 6, convulsiones infantum; 4 from pertussis; 4 from pneumonia; 7 from diarrhœa. The less numerous in the list, were from various less fatal diseases. The following are two of the cases which are given in detail.

FATAL STRANGULATED HERNIA.—NO OPERATION.

The only fatal case of hernia out of thirteen cases, occurred in a woman sixty-three years of age. No operation was performed, or even recommended, to relieve the strangulated intestine. The following are the details of the case. I saw the patient early in the afternoon of the 15th of December 1835, when she complained of sickness and pain in the bowels, and said that her bowels had not been opened for four days. On examination, I found that she had a ventral hernia immediately above the umbilicus, and almost as large as a young infant's head; it was somewhat tender when pressed, as was also the abdomen generally. Moderately firm pressure reduced the hernia to nearly half its size, and a loud gurgling noise was heard whilst the pressure was being made, and likewise after it was discontinued, when the tumour rapidly regained its former magnitude. The hernia first appeared about ten years since, and has always been irreducible. The patient suffers much from asthma, to which she has been subject for many years. So far as it could be ascertained from her own account, she had several times suffered from attacks similar to the present one, but had always been relieved by purgative medicine.

I ordered her to take some calomel and cathartic extract, and to have some clysters given to her; and in the evening I saw the patient with my colleague, Mr. Baynham. She had vomited the aperient pills, but had retained on the stomach some castor oil; and the clysters had apparently merely washed out the contents of the rectum. The hernia remained in the same state, but the tenderness there, and in the bowels generally, appeared to be rather greater. The pulse was very slow and feeble. She now complained that she had lost the use of the right arm, and that this loss of power had come on, suddenly, about an hour before our visit; the pulse, however, in that arm appeared to be the same as that in the left; the arm itself was quite warm, she moved it about readily, and opened and closed the fingers. As the patient was in a state of considerable prostration, and as the intestine could be easily forced from the hernial sac into the abdomen, it was determined not to operate that evening, but to continue during the night the same treatment.

The next day, December 16th, I found that the hernia was larger, but without any evident increase of the tenderness there or in the belly. She had vomited frequently during the night, and the clysters had returned only slightly stained with feces. The pulse in the left arm still continued weak and slow. I again examined the right arm, which she moved readily about; there was no pulse in any of its arteries up to the subclavian, just below the clavicle, and even there the pulsation was very feeble; the fingers and hand were cold, shrunk, and livid, and the surface of the whole of the fore-arm was insensible, but she complained much of pain about the elbow when that joint was bent. As this occurrence of senile gangrene rendered the preservation of the patient's life hopeless, and as she herself was averse to anything being done for the relief of the hernia, I did not recommend the operation either to the patient or to her relatives, but explained to them the nature of the case, and its certain termination in death in a short time. I could still press the incarcerated intestine back into the abdomen, but it returned into the hernial sac immediately that I discontinued the pressure. The size of the hernia slowly but regularly increased, the tenderness there, and in the abdomen generally, became more acute, and the vomiting was almost incessant, till a few hours before death, which took place early in the afternoon of the 18th; at which time the coldness, shrunk condition, and lividity of the right arm had extended some distance above the elbow, but there was no vesication, nor any line of separation, between the dead and living parts.

Autopsy.—The body was opened about twenty hours after death. The hand and lower part of the right arm exhibited the usual external appearances of senile gangrene. The brachial artery was very much contracted, appearing to be not larger than the radial; it contained a small clot, not adherent to its sides, which were healthy. The coats of the subclavian artery were also healthy, excepting immediately below the clavicle, where they were slightly diseased. The chest and head were not opened: the body was very fat. There were no external discolorations on the trunk, except over the hernia, which had a dirty-red appearance, but this was observed during the last forty-eight hours of the patient's life.

In the hernial sac there was a large mass of omentum, not diseased, and exhibiting no signs of having been the seat of any inflammation; it was nearly white, contained much fat, and was firmly attached to the sides, but not to the front of the sac, by old adhesions. Behind this omentum, and also in the sac, was found a large fold of small intestine, distended with air, quite black and gangrenous. A finger could be readily passed by the side of the strangulated intestine, through the neck of the sac, into the abdomen; and the gangrenous piece of intestine was, without difficulty, pressed out of the sac into the belly. The intestine strangulated was a piece of the jejunum, and cause of the strangulation was a cord-like piece of omentum, about as thick as a finger, which extended from the abdomen into the hernial sac, where it was adherent. Between this cord-like piece, and a much larger mass of omentum, likewise passing into, and adherent to the sac, the fold of intestine had slipped, and been compressed. About six or seven inches of jejunum, on each side of the strangulated portion, were, like that, black and gangrenous, distended with flatus, and apparently quite entire; but when cut open with the scissors, the whole of this part of intestine gave way like wet paper. The intestines generally were dark-coloured, and some folds of them were adherent from the soft and recently effused lymph, but this effusion was neither large nor general.

ACUTE PERITONITIS.

One of the cases of this disease appears to be deserving of record, chiefly, however, on account of the very unusual circumstance which produced the fatal attack of inflammation of the peritoneum. The patient, a young girl, twenty years of age, was a prostitute of the lowest class. On Sunday, September 20, being then in labour of her first child, and in a state of great destitution, she was received into the house of an old woman, herself too poor to afford the girl much assistance, and ignorant, also, of her being in labour. In the following night the girl delivered herself of a dead child, and I accidentally saw her on the succeeding Friday, the 25th. She was then very ill with peritonitis, and I wished her to be removed into the Infirmary, to which, however, she would not consent, till about thirty hours before her death, which took place on Monday the 28th. When I first saw her on the Friday, I questioned her about her labour, and she told me that the after-birth was expelled soon after the birth of the child; but the examination of the body after death showed that, on this point, she was mistaken. The body was opened about twenty hours after death.

Autopsy.—The abdomen exhibited the usual effects of severe peronitis; but in the pelvis there was seen, attached to the uterus, a large, irregular-shaped, and dark-coloured substance. The uterus and its appendages were, therefore, carefully detached and removed from the body, when this substance was found to be the placenta, partly disorganized, and protruding through a ragged and gangrenous aperture in the fundus of the uterus. In the vicinity of this larger aperture, there were other similar holes of a smaller size, some of which had not penetrated through the substance of the uterus.

WESTMINSTER HOSPITAL.

It is expedient to-day to sketch the knot of "leading" busybodies who "confound the politics" of this institution. We mentioned the other day the "triumvirate" of the hospital. Two other persons contribute to the formation of the ruling cabal.

Dr. Hallett, the Pompey of the party, is a gentleman of a poetic vein, to whom a passport should be granted to that region of the literary Hesperides over which the eulogistic Mr. Jerdan obligingly presides. Nurse Freeman is a busy, meddling, good-natured piece of antiquity, whose ready finger is in every pie which comes to table. But what of Doctor Wood? Joseph is the *tertium quid* of the argument; and it therefore requires a syllogistic process to ascertain his value. According to his own appraisement, Dr. Wood is at present a candle under a bushel, whose future corruscations however, when once the bushel is lifted up, will enlighten the councils of the nation,—and who will one day unquestionably sit enthroned the Jupiter Altitonans of Strutton Ground, a legislatorial accountant to boot, skilled in Italian book-keeping by double entry. What, however, is his neighbours' estimation of his qualities, we do not pretend to know. They cannot, however, think that arrogance and shallowness form chief characteristics in this great genius in hospital affairs.

The next on the list is an unhappy type of "il penseroso." He could not sit to a sculptor for one of the abbey cherubim with any chance of success. This grotesque gentleman is a limb of the law, who is perpetually exercising his professional dexterity upon the existing code of regulations; and with such effect, that the glimmering of wisdom still discernible in the system, must soon be veiled in impenetrable obscurity. The advantages of that consummation may not be considered equivocal, for *no* law *must* be deemed better than *bad* law.

Our friends Cheer and Wood have but slight capacity for appreciating the medical

character. Could not Mr. CHEER be induced to withdraw his *smiles* from the harassed officials of the hospital, and become a passive spectator of their proceedings? So unhappy a contrast between name and nature is not to be found in a hurry again.

Lord Viscount ENCOMBE is an amiable nobleman, whose labours in the institution become a man of intelligence and ample means. His lordship has recently been engaged in designing for the Hospital a common seal, in which is exhibited a superior taste for the fine arts. But a difficulty now presents itself which was not contemplated before,—that of finding a *use* for it. In a corporation which is supported by voluntary contributions, and possesses only a few thousand pounds in the funds, and where the signature of a few governors is abundant sanction for all its petty transactions, his lordship has found his object as unattainable as the philosopher's stone. The seal has consequently been, by order of the Committee, consigned to the iron chest, and is only to be exhibited on grand occasions. His lordship, however, may be pardoned for supposing some latent virtue to be connected with a seal, when its magic power of converting his grandfather's numerous *doubts* into solid *certainties* is recollected. However, his lordship is really the most efficient trustee of the Institution.

Sir ANTHONY CARLISLE has had some recent paroxysms of ——, but we must postpone the resort to counter-irritation to another occasion.

PURPURA AND PEMPHIGUS.

George Grady, aged 16, admitted March 5 last, under Dr. BRIGHT. On admission the face was red, and the left eye swollen and ecchymosed. The extremities were cold, and the legs covered with petechiæ. Each of the knuckles is coated with a vesicle containing a bloody fluid. From the wrist to the elbow the fore-arm is covered with the petechial maculæ. The frame generally emaciated; tongue clean, moist, and red at the tip; pulse weak and jerking; skin of very low temperature; appetite good, bowels loose. Has had bloody evacuations. Complains of pains in his knees, shoulders, and along the limbs. About a month since an efflorescence of red spots, about the size of a pin's head, came out on his legs, and his knees became tumefied. Fourteen days afterwards the vesicles appeared on his knuckles, and they are gradually increasing. His general employment has been that of a porter in wine-cellars. Take of *Sulphate of Quinia* grs. xxiv; *Diluted Sulphuric Acid* ℥xl; *Infusion of Red Roses* ℥viii. Mix; an ounce to be taken three times a day.

He has been in the habit of drinking brandy-and-water, brown-stout, and other malt liquors. About ten weeks ago he quarrelled with his father, and remained from home for *three* or *four* days, during which time he contracted a gonorrhœa, for which he applied to a chemist, who gave him mercury until his mouth became affected and his teeth loose. Shortly after the ptyalism he became affected with pains in the bones, principally those of the large joints, and subsequently, as has been stated, the maculation became visible.

9. The acid mixture disagrees with him. He complains of great debility. The petechiæ about the hands appear better; tongue dry, and covered with a brown fur; pulse 60, and small. To omit the quinia mixture, and to take infusion of gentian, with soda. Low diet. A poultice of black briony-root to be applied to each hand.

18. The diet was improved a few days after last notation. His health is better, and he is accumulating fat. The vesicles on the knuckles are diminishing in size. He has thirst, and a dry and pungently hot skin. He has been ordered to have daily a pint of beef-tea of double strength. To have three or four lemons squeezed into a quart of water for a common beverage.

21. Has had an attack of erysipelas of the thigh this morning. To take of *Iodaret of Iron* grs. v three times a day. To repeat the mixture.

22. The patient's strength increasing.

28. The vesicles on the knuckles have entirely gone, but he has had a diarrhœa for the last two days. Ordered to omit the lemonade.

30. The thigh has now become much swelled and painful. An incision was made into the cellular tissue, which afforded relief. No pus escaped.

31. The patient slept well last night. Is not in much pain this morning. To continue the medicine.

April 1. He passed a restless night. The incision has put on a healthy appearance.

2. Is much worse this morning. A large gangrenous spot has appeared on the margin of the incision, and seems likely to spread. Tongue assuming a typhoid aspect; pulse 110; skin hot; unappeasable thirst; great prostration of mind and body. To have *three* ounces of wine. Take of *Carbonate of Ammonia*, two scruples; *Huxham's Tincture of Bark*, half an ounce; *Camphor Julep*, eight ounces. Mix, and let the patient have an ounce three times a day.

3. The patient *in statu quo*. Vespere. Rather better.

5. Passed a restless night, and is much worse this morning. The gangrene spreading over the upper part of the thigh. Tongue dry, and covered with a thick coating of dark-brown fur; pulse 120, small, and weak. To continue the ammoniated mixture.

6. Died this day. No *post-mortem* allowed by the parents.

POMPHOLYX DIUTINUS.—FATAL RESULT.

Maria Cowper, ætat. 37, admitted April 26, under Dr. Burne. Three weeks since she was seized with violent itching in the pinna of both ears and the adjacent integuments; this was followed in a few days by large vesicles, or, more properly, bullæ. About a week afterwards, similar bladders appeared on the arms and legs. They commenced with dark red spots, like flea-bites, which spread. In two days after this, bullæ of from the size of a hazel nut to a walnut formed on the body, and about the third or fourth day of their age, ruptured, and discharged their fluid, leaving a red angry oval or circular ulcer, which spreads.

At this time the eruption presents all its various stages; the arms and legs are thickly studded with it. The circumference of the most advanced bulla is about equal to that of a five-shilling piece, and is of an angry red-brown or brick colour.

She reports herself as having generally enjoyed good health, and she attributes her present illness to deficient diet. She has always menstruated regularly, the bowels are habitually confined. Pulse weak; tongue dry in the middle, white and moist at the sides. Her sleep is disturbed by pain. Ordered pills as follows:—*Compound Calomel Pill*, and *Compound Rhubarb Pill*, of each a drachm; two of them to be taken every night. Take of *Camphor Julep*, 8 ounces; *Tinct. of Opium*, 12 drops; three ounces of port wine to be given her daily.

28. The bowels confined; ordered an aperient mixture of carbonate and sulphate of magnesia. A grain of calomel and ipecacuanha every night.

30. The patient complains of sore throat. Is very low and weak; pulse 106, small and thready; tongue of a deep-red colour round the edges, and covered with a thick coat of brown fur in the middle. The infusion of roses to be used as a gargle. Take of *Carbonate of Ammonia*, 1 drachm; *Compound Spirit of Lavender*, half an ounce; *Peppermint Water and Camphor Julep*, of each 4 ounces. Mix, and let her take two tablespoonfuls thrice a day. Twelve drops of *Battley's Solution of Opium* to be taken at bed time.

May 1. The sedative draught just mentioned has had no effect, and she still continues in great pain.

14. The pompholiginous vesicles have burst and healed favourably, and the cuticle is now desquamating.

15. To-day she is affected with a frequent, short, and high inspiration, and hard suffocating cough, with mucous crepitating wheeze in both lungs. Take of *Calomel* grs. vj; *Tartrate of Antimony* gr. j; *Opii* gr. ij. Mix and divide in six pills, of which the patient is to take one every three hours. To take emollient diluent drinks, and to omit the wine.

16. Right lung has mucous crepitation general, with dullish resonance, except at the summit, and at the anterior margin. The left lung in the same state. To be bled to eight ounces. A blister to be applied to the sternum.

19. The bleeding has given her great relief; her pulse, which was yesterday 120, is reduced to-day to 102. The tongue is still loaded, but moist, and she respires more freely than she has done for some time. She expectorates about a pint of frothy mucus of a deep-brown colour in the course of twenty-four hours, and, owing to its viscid nature, has great difficulty in bringing it up.

18. Complains of her mouth being sore, but she is decidedly improving. To continue the remedies.

19. The patient feels so much better this morning, that she is permitted to omit the pills, and the emollient pectoral decoction, and she is to have the decoction of guaiacum and paregoric thrice a day.

20. All the bad symptoms manifest on the 14th instant have returned; dyspnœa increased to a distressing degree. She has pain over the entire chest and abdomen; pulse 105, small, but resisting; tongue furred; bowels relaxed. To be bled to eight ounces, and to take a quarter of a grain of tartar emetic in a mucilaginous vehicle every two hours.

21. The venesection has afforded her relief, but the antimony disturbs the bowels. Cough troublesome, especially at night. To have the hydriodate of potass mixture three times a-day, according to the formula already quoted, as prescribed for Anne Wheeler (page 381).

22. Had a severe diarrhœa during the night. She is much prostrated and extremely emaciated. Her face is of a bluish colour, and the lips bloodless. To omit the tartar emetic. To take ten grains of *Compound Kino Powder* every four hours, until the diarrhœa shall have ceased; after that a common clyster to be given, and the hydriodate of potass mixture resumed. A grain of opium to be exhibited at bed-time.

23. No alteration for the better has taken place.

24. Expired this morning.

The autopsy was performed a day or two after death. The bronchial ramifications were found full of muco-purulent matter, evidently generated by the inflamed mucous membrane. At the base of each lung, the parenchyma was much injected with blood; the other portions of both lungs, as well as the pleural investments, were unaffected. In the pericardium, a greater quantity of serum was present than is generally found. In the abdomen, a large track of the mucous lining of the small intestines, particu-

larly the ileum, was inflamed, but no ulceration could be detected. The large intestines were much more slightly affected. There was no other morbid deviation worthy of notice in any part of the subject.

NORTH-LONDON HOSPITAL.

EXTENSIVE INJURIES OF THE LEG, STERNUM, AND RIBS.—RUPTURE OF INTESTINE AND ABDOMINAL PARIETES.

JAMES HALL, aged 40, a labourer, was brought to the hospital on the 9th of June, in consequence of injuries sustained whilst at work on the Birmingham railway. The accident was caused by a large fall of earth, which crushed him against a wagon that he was loading. There was found on examination a very loose fracture of the leg, apparently comminuted, situated about two inches above the ankle, on the left side. There was also a transverse fracture of the sternum, at the termination of its upper third; it was very loose, and the lower fragment projected forward beyond the superior. The mass of earth was calculated to weigh about a ton. It fell a distance of ten or twelve feet. He complains of pain beneath the right scapula, and in the same shoulder, no cause for which can be detected. There is excessive pain in the left lumbar and iliac regions; the pain is increased on pressure.

The fractured limb was placed on M'Intyre's splint; a bandage was also passed round the chest, and retained by a scapulary. He was in a state of collapse at the time of admission, but in a few hours he appeared to rally. Pulse 100, though rather small. He has expectorated a little bloody mucus.

Twelve p.m. Dyspnœa; some emphysema over the fracture of the sternum. Catheter introduced for the purpose of removing the urine, about three quarters of a pint of which, tinged with blood, was withdrawn. Great pain in the abdomen; pulse 120, feeble.

June 10. Three a.m. Dyspnœa increased; pain in the situation of the broken sternum. Twelve leeches applied to it.

Five a.m. Pulse frequent, irregular, about 120; but not easily counted; of good strength; dyspnœa urgent; anxiously wishes to lie on his side. Respiration best in the right lung. He was bled to ʒxiv, and a grain of the muriate of morphia was given. He bore the bleeding very well, and the dyspnœa was much relieved. He died at eight a.m., thirteen hours after the receipt of the accident.

Autopsy.—A considerable ecchymosis over the left hip, which crepitated on being handled.—Chest. Emphysema of the left portion of the sternum and thorax; a quantity of blood effused into the anterior mediastinum beneath the broken sternum; several of the superior ribs on each side were broken, many of them in two places. A copious extravasation of blood was found beneath the pleura lining the intercostal muscles; a quantity of blood was also effused into the cavity of the thorax. The left lung was lacerated opposite the fracture of the ribs. This will account for the hæmoptosis, and the dulness of respiration on that side.

Abdomen.—The peritoneal cavity presented the signs of general inflammatory action; the intestines were glued together by recently-effused lymph. There existed a rupture of the small intestines opposite the left iliac region. No fecal matter was extravasated. About a hand's-breadth above the centre of the crest of the ilium, the peritoneum lining the abdominal walls was torn, as was also the fibres of the transversalis and internal oblique muscles; into the cavity thus made the omentum was protruded to the amount of the size of a hen's egg, and was adherent to the inner surface of the cavity by recently-effused lymph. There was no external mark corresponding with the intestinal injury. The parts are preserved in the University Museum.

The tibia was broken across at about the junction of its middle with its lower third. Here the bone was comminuted, a large piece being separated from the rest, together with some smaller pieces. The lower end of the bone was fissured in such a way as to divide the articulating surface of the tibia into three portions. These did not move one upon another, on account of the periosteum being untorn; so that, had no other fracture existed, this would probably have been overlooked. The ankle-joint was full of blood mixed with synovia. The medullary cavity of the bone was filled with blood, as was also the inter-muscular cellular tissue.

POOR-LAW MEDICAL CONTRACTS.

BUCKS MEDICAL ASSOCIATION.—RESOLUTIONS, AND PETITION TO PARLIAMENT.

To the Editor of THE LANCET.

SIR: I beg to hand to you an abstract of the minutes of the last meeting of the Bucks Medical Association, and a copy of a petition, which is in course of signature, which will very shortly be presented to both Houses of Parliament. I have the honour to be, Sir, your very obedient servant,

ROBERT CEELY.

At a Meeting of the Bucks Medical Association, lately held at Aylesbury, Richard

Steel, Esq., Berkhampstead, in the chair; amongst other resolutions, it was resolved:

That this meeting perceives with regret that the efforts hitherto made by the medical profession to procure relief from the arbitrary, unjust, and degrading treatment to which it has been subjected by the poor-law authorities, have proved unavailing; it is therefore considered highly expedient to petition both Houses of Parliament forthwith, praying for a committee of inquiry into the subject.

That a committee be appointed to draw up the petition.

That copies thereof be transmitted to the different medical associations.

That application be made to the Council of the *Provincial Medical and Surgical Association*, requesting that they will take such steps as may be deemed proper for bringing to the consideration of medical practitioners in general, the necessity of an immediate appeal to the Legislature on the subject of medico-parochial attendance; and hoping, that at the ensuing meeting at Manchester, the Council will please to make such arrangements as will ensure a full and practical consideration of this important subject.

That the thanks of the Bucks Medical Association be presented to Sir William Lawrence Young, Bart., M.P., and William Rickford, Esq., M.P., for their kindness in accompanying the Deputation to Lord John Russell.

That the thanks of the Meeting are due to the Deputation, for the efficient manner in which they presented the protest.

ROBERT CEELY, Hon. Sec.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned Medical Practitioners, in and near the county of Buckingham, showeth,—

That your petitioners perceive with much concern the continuance and extension of the pernicious system of medical relief authorized by the Poor-law Commissioners of England and Wales.

That this system is unjust to the sick paupers, injurious to the community, and unfair towards the medical profession.

That the important objects of medical exertion, viz., the cure and prevention of disease, are impeded, and sometimes wholly frustrated, by the existing regulations.

That the circumstances attending the appointment of medical officers of parochial Unions must inevitably injure and degrade the medical profession in its moral, its social, and its scientific character.

That your petitioners are anxious to avow their conviction of the many evils connected with the past and present modes of administering this branch of Parochial relief.

That your petitioners venture to assert, that a supply of prompt and efficient medical aid to those who may be deemed proper objects, is not only in accordance with the dictates of humanity, due to the interests of science, and the fair claims of the medical profession; but is absolutely indispensable to a sound economy in parochial expenditure, and to a rational diminution of the causes of pauperism.

That your petitioners feeling assured that a system of medical relief, founded on such a basis, is the only one that can claim and receive the sanction of your Honourable House; and being convinced that the arrangements at present adopted will be found opposed to its benevolent intentions, humbly beseech your Honourable House to be pleased to appoint a committee of inquiry into the present system of medical relief to sick paupers, and into the propriety of making any change in the same, and your petitioners will ever pray, &c.

[A similar petition to the Lords.]

LETTER BY SIR C. E. SMITH, BART.,

ON

MEDICAL CONTRACTS AND CLUBS.

To the Editor of THE LANCET.

SIR: As the subject of medical clubs is now undergoing your vigorous scrutiny, and as you appear, at least *in the estimation of the author of the following letter*, to labour under the same *misconception* of medico-parochial arrangements as some of our medical brethren, you will not, I trust, think me presumptuous or impertinent in transmitting you the enclosed for your *edification*, and, through you, for the information of the *stupid* or *perverse few* who need enlightening. I may just add, that *the whole* of the Hertford practitioners refused to listen to the proposals, and left the generous Guardians to "ENFORCE" the medical club on the *adventurer* and the (doubtless) unwilling peasantry,—disdaining to submit to such tyranny, and sagacious enough to foresee the inevitable injuries that would otherwise accrue to them. This is a pretty state of things for the country practitioner; yet it would not be quite so bad if all practitioners would unite, as those of Hertford, and a few other places which you have mentioned; but alas! for the overstocked profession. Such is its lamentable disorganization, its deplorable poverty, its proneness to pecuniary competition, and the wide-spreading imposition and increasing disrespect of the public, that

these examples I fear will not be found very common.

You are at liberty to do as you please with the enclosed; but as I came by this second-hand, I was requested not to mention the source, and, therefore, vouching for the truth of the whole, and leaving it for your critical examination, I am, Sir, yours truly,

ROBERT CEELY.

Aylesbury, July 11, 1836.

"Bedwell-park, March 22nd.

"MY DEAR ——: The papers you sent me are sensible and temperate, and calculated to explain to the public many of the evils of the existing practice about medical contracts. But the truth is, both parties to these contracts are, generally speaking, ignorant of the real seat of the evil, and of the remedy to be applied. The Guardians are, generally speaking, endeavouring to *reduce* the remuneration; the medical men to *raise* it, without altering the class who are to be the subject of the contract. In fact, however, both parties are in the right. The Guardians feel that a large sum is paid for attending all the poor in a district; the medical men feel that immense labour is thrown upon them, and the amount, though in figures it looks large, is inadequate as a remuneration. Now the mistake is this. In the case of all other relief the *pauper* is distinguished from the *poor man*. The person who cannot earn his livelihood is the *pauper*; the person who can do so may be *poor*, but he is not a pauper. But in medical arrangements, past and present, the two classes are combined. The contract is for the whole population; at least for that large proportion who are not in a situation to incur the expense of a doctor's bill. No wonder the medical men complain of the remuneration, as compared with the labour. Such labour! No wonder that the ratepayers endeavour to diminish a burden which is no less than that of finding medical advice for nearly all the peasantry!

"Now what is wanted is this, and it will diminish and define the class of medical paupers, and will remove many of the difficulties so justly put forward, in the paper which you sent to me, as resulting from the present plan of contracts.

"The desideratum is a plan for medical *insurance* for the whole class unable to pay a surgeon's bill, at a rate within the means of the independent peasant. *He* must pay the subscription for himself; the paupers, that is, the persons in the workhouses, and the weekly recipients of pensions, must be paid for by the *public*.

"This is what is called a medical club. Something about three shillings per annum is found to remunerate a medical man. Taking the whole population, he will not have *one* in *twenty* seriously ill. But say *one* in *ten*: he gets thirty shillings for every serious illness.

"Assume then that any sum under 4s. 4d. per annum is sufficient remuneration to the doctor for insurance (this is under 1d. a week), what is to prevent the labourer who pays 1s., 1s. 6d., or 2s. a week *for rent*, from paying his 1d., 2d., or 3d. for medical insurance for himself and his family? Why should one be thrown on the public more than the other?

"This is what we wanted to do. We proposed to form a medical club in the Hertford Union. The doctors were to have no trouble of collection; the money was to be collected for them, and their remuneration in a given district would have been increased to twice—three times—four times of what it was. But no! they had a notion it was *infra dig.*,—derogatory to the profession! They who all their lives have been contracting for parishes in the lump, thought a contract per head *infra dig.*: they rejected the plan. We intended to enter our paupers on the club, paying their subscriptions; but the club being at an end, it behoved us to provide for our paupers some other way. The club would have made a separate rate for adults and children: we determined to average all ages at one price, and we advertised for attendance on our (more or less) 600 paupers at 2s. 6d. per head per annum, with power to add to the list. "No," said the surgeons, "your paupers are so dispersed about the country, the price will not pay us." "But," we reply, "we offered you a medical club, into which the whole population must ultimately enter, and we must not pay *more per head*, because you refused to make an arrangement including peasantry and paupers." However, they refused to take our contract; and we, in courtesy, and willing to give them every chance, ask their plan. They offer to take the *actually sick* at from 25s. to 30s. per case. (The latter in a remote parish.)

"Remark there is no provision made for any person of the humbler class providing for themselves. The whole population, therefore, remains as heretofore, dependent on the public.

"The whole expenditure of Little Berkhamstead (my parish) may have been 90*l.* a year. The population is 450. Say that 50 of the class, unable to incur a bill, are more or less ill in the year. On the one hand, if we draw the line between lesser and greater illnesses, what misery may ensue from the ignorance of our relieving officer, who gives the order on the surgeon; and if, on the other hand, all are relieved, there is 75*l.* for medical attendance, in a parish where the *whole* expense has been hitherto 190*l.* and the parish doctor received 12*l.*!

"*We, therefore, have determined, coute qu'il coute, to engage one medical man to give*

his whole time to our paupers for three months, and to ENFORCE *the establishment of a medical club within that time, on the basis of amply paying the Surgeons, and enabling the poor to become independent of the public.*

"I have now answered your questions about medical clubs. As the termination of the parochial contracts on Friday next is exciting a good deal of discussion on the subject, I wish you would endeavour to set your medical friends right about it, by showing them that guardians, surgeons, and 99 persons out of every hundred, have been hitherto very much in the dark; and that the *contracting* parties are in the same predicament of being *both in the right.*

"I wish you could get something said about it in the professional periodicals, the places of publication of which I am myself unacquainted with. You may send this letter if you please. I am, yours faithfully,

"CULLING EARDLY SMITH."

*** On the letter of Sir C. E. Smith we shall make a few remarks next week.

NOTE FROM MR. MACINTYRE.

To the Editor of THE LANCET.

SIR: I have to request that you will afford me a small space to correct an error which occurs, I doubt not inadvertently, in Mr. Bree's letter to THE LANCET of the 27th ultimo. I am there stated to have disclaimed any participation in the wholesale condemnation of medical practitioners contained in the Report on the medical management of the poor. The only thing (save an undue share of credit) which I felt myself called upon to disclaim, was the personal application attributed by Mr. Bree to the report; and this disclaimer I made, not merely on my own part, but also on that of my coadjutors. I did not consider that the report contained a "wholesale condemnation of medical practitioners," and I was not, consequently, required to disclaim an act which I should not, assuredly, have on any account participated in. I have the honour to be, Sir, your most obedient and obliged servant,

P. MACINTYRE.

Bury St. Edmunds, July 11, 1836.

THE PER-CENTAGE SYSTEM.

To the Editor of THE LANCET.

SIR: I forward the following copy of an Advertisement which has appeared in more than one of the Brighton Papers during the last Month, for insertion in your invaluable journal, in which you have so long advocated the rights of our profession, and deservedly exposed those individuals among its Members who have, by their conduct, in any way degraded it.

"J. COLLEY, Chemist to their Majesties and Royal Family, No. 17, Castle-square, Brighton, begs to acquaint the inhabitants of Brighton and the public in general, that in consequence of the numerous applications for gratuitous medical advice and assistance, he has entered into an engagement with a medical firm of established reputation, residing on the Old Steine.

"*The Medicines Supplied at Chemists' Prices.*

"Days of Attendance, Mondays, Wednesdays, and Fridays, from 9 to 11 o'Clock in the Morning, and from 6 to 8 o'Clock in the Evening. Vaccination every Thursday Morning."

That this Advertisement is degrading to an honourable profession, unfair to the honest practitioner, and disgraceful to the parties concerned, I am quite sure you will agree with me in thinking. I enclose my name and address. I am, Sir, your obedient servant,

MEDICUS.

July 5, 1836.

CORRESPONDENTS.

Mr. Kemplay should favour us with a fuller account of his discovery, and the mode by which he arrived at and produced it.

To our Dublin correspondents we may observe this week, that the subject of their letters will receive every attention on our part.

Several medical students express in letters to the Editor, a desire to know whether, as is reported, the Examiners at Apothecaries' Hall have the intention of extending the examination in Celsus and Gregory to the whole of each work, instead of confining it to the first and third books of the former, and the first ten chapters of the latter.

The Letters addressed to the College of Physicians by Drs. Farre, Hodgkin, and Sir Alexander Crichton, declining to accept the Fellowship, cannot be inserted in the present Number.

Mr. Ridout's evidence next week.

Medicus in our next.

The letter of *Mr. Septimus Godson*, suggesting the presentation of some mark of esteem to Dr. Quain from his pupils, on his retirement from the chair of anatomy in the University of London, reached us too late for insertion this week.

The late indecent proceeding of the President of the College of Physicians at the Vaccine Institution, cannot find even a brief record in our pages to-day.

The reply of Baron Heurteloup to Sir Charles Bell shall appear in the next LANCET.